

# 3<sup>rd</sup> INDIAN NATIONAL CONFERENCE OF COMHAD -2022



THEME: Bridge the Gap-Empower Inclusion, Create, Integrated  
Approach to Prevent Childhood Disabilities



## Under the Auspices of COMMONWEALTH ASSOCIATION FOR HEALTH & DISABILITY

(In Association with WHO, CHAP & Commonwealth Foundation, UK)

Collaboration with :

DEVECHA CENTRE FOR CLIMATE CHANGE, IISC | RAMAIAH UNIVERSITY OF HEALTH SCIENCE  
ADICHUNCHANGIRI UNIVERSITY (ACU), BELLUR | RAJARAJESHWARI INSTITUTION OF ALLIED HEALTH SCIENCE  
IAP CENTRE, KARNATAKA, BANGALORE | LAKESIDE EDUCATION TRUST

### Venue:

J.N.TATA Auditorium  
Bengaluru

### REGISTRATION FORM

(Please Fill In CAPITAL LETTERS Only)

### DATE :

17th December, 2022  
to 18th December, 2022

Title : Dr./ Prof / Mr / Ms / Mrs (Please tick as appropriate)

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : Male / Female: \_\_\_\_\_ Nationality : \_\_\_\_\_

Name of Hospital / Institute : \_\_\_\_\_

Designation : \_\_\_\_\_ Qualification : \_\_\_\_\_

Medical Council Reg. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Ph(Residence): \_\_\_\_\_ Ph: (Office): \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Payment Details:

Delegate Fees : \_\_\_\_\_

Accompanying Delegate Fees : \_\_\_\_\_

Accommodation Fees : \_\_\_\_\_

**TOTAL** : \_\_\_\_\_

Name Of the Hotel For Accommodation : \_\_\_\_\_

Paid Rs \_\_\_\_\_ (Rs. In words \_\_\_\_\_ only)

By Cash D.D No. \_\_\_\_\_ Dated : \_\_\_\_\_

drawn on bank \_\_\_\_\_ Infavour of "COMHAD" Payable At Bangalore.

(\*Registration Subject to Realisation of Cheque)

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Delegate

## Bank Details For Online Wire Transfer:

**PAN No.:** AADAC7576M, | **A/C NAME :** COMHAD | **BANK:** CANARA BANK

**BRANCH :** SANJAY NAGAR, BANGALORE – 560054

**A/C No:** 2871101011119 **IFSC CODE:** CNRB0002699 **MICR CODE:** 560015124

(Please submit Photocopy of Deposit slip with UTR No. Mentioning Registration and/or Accommodation Fees and send along with Registration Form)

## Important Contact Persons

**Dr. Mallikarjuna H B**  
+91 9448151124

**Dr. Somashekar A R**  
+91 9845212616

**Dr. Karunakara B P**  
+91 9845263322

**Dr. Madhu G N**  
+91 9611777866

**Email : [indiacomhad2022@gmail.com](mailto:indiacomhad2022@gmail.com)**

## Registration Tariff

Category of delegate	COMHAD/IAP Member	OT/Pt & Others	Student	Accompanying (Spouse/Child 5 yrs)	Workshop Fees
Reg. Fees	2000/-	1500/-	1000/-	1500/-	500/-

- \* Complimentary Registration For above 70 Yrs
- \* Accompanying Delegate – Child older than 5 Yrs will be charged.
- \* No refund of registration fees once paid.
- \* Student should submit bonafide certificate from the HOD for Registration.
- \* Registration includes free Folder, Coffee/Tea, Lunch and Dinner (on the 17th December, 2022)

## CONFERENCE SECRETARIAT:

**Ogranizing Secretary : Dr. Somashekar A.R.**

E-mail : [indiacomhad2022@gmail.com](mailto:indiacomhad2022@gmail.com)

***New Life members will get a discount of Rs.1000 on Registration Fees.***