



# XVIII NATIONAL SEMINAR

ON HOSPITAL & HEALTHCARE MANAGEMENT, MEDICO LEGAL SYSTEMS & CLINICAL

RESEARCH: 6<sup>th</sup> & 7<sup>th</sup> May, 2016

&

CONNEXIONS Workshop & CONNEXIONS : 5<sup>th</sup> May, 2016

Venue: Symbiosis International University, Lavale, Pune

## REGISTRATION FORM

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

(To be filled in by the delegate & sent back to SCHC. You can photocopy this form for additional registration)

Name: \_\_\_\_\_ (In block letters)

Roll No. \_\_\_\_\_ Name of the Program/s enrolled \_\_\_\_\_

Gender: Male  Female

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

Tel. (STD) \_\_\_\_\_ (O) \_\_\_\_\_ (R) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-mail \_\_\_\_\_

Sr. No.	I am registering as	(Please 'v')
1	Student of Distance Education Programs offered by SCHC	
2	Other Delegate	
3	Alumnus	
4	Medical / Law / Healthcare student	
5	*Accompanying Person	

*Accompanying person no. 1	Name:	Age:	Gender:
*Accompanying person no. 2	Name:	Age:	Gender:

Payment details: (Please refer to fees & tariff structure overleaf)

Sr. No	Particulars	Self (amount in INR)	Accompanying person (amount in INR)	Total Amount INR
1	National Seminar			
2	Pre Conference Symposium			
3	CONNEXIONS Workshop			
4	CONNEXIONS Placement Assistance Drive	Complimentary	Not Applicable	-
5	Networking Dinner			
6	Accommodation (per head)			
7	Transportation (per head)			
<b>Grand Total</b>				

Details of payment:

Mode of payment	Total Amount	Transaction no/ D.D no/UTR no./ Receipt no	Date Transaction	Account holders name in case of NEFT/RTGS transfer	Name of Bank in case of NEFT and D.D.	Date of expiry in case of D.D.

### Fees & Tariff Structure: (Per Head)

Particulars	Amount (Rs)					
	Upto 14 <sup>th</sup> January 2016 (Early Bird Registration)		15 <sup>th</sup> January to 14 <sup>th</sup> April 2016		15 <sup>th</sup> April 2016 onwards & Spot Registration	
	Students enrolled for DEP at SCHC	Non-Student (Other Delegate, Alumnus, Medical / Law / Healthcare student, Accompanying Person)	Students enrolled for DEP at SCHC	Non-Student	Students enrolled for DEP at SCHC	Non-Student
Registration for National Seminar	Complimentary	5000	5000	5500	5500	6000
Pre Conference Symposium	1800	1800	1800	1800	2000	2000
CONNEXIONS Workshop	1000	1000	1200	1200	1500	1500
CONNEXIONS Placement assistance drive	Complimentary	Not Applicable	Complimentary	Not Applicable	Complimentary	Not Applicable
Transportation (per head)	500	500	500	500	500	500
<b>Accommodation (per head per day)</b>						
a. Triple Sharing	1200	1200	1400	1400	1500	1500
b. Twin Sharing	1500	1500	1800	1800	2000	2000
Networking Dinner at Symbiosis, Lavale	750	750	850	850	1000	1000

**Mode of Payment:**

- i. Online: '**SYMB-ians-the Payment Gateway**' on website – [www.schcpune.org/sms/](http://www.schcpune.org/sms/)  
Please inform T. Id., Date of Transaction.
- ii. Electronic payment by RTGS/NEFT: 'Symbiosis Institute of Health Sciences'; A/c no. **050310210000034**; Bank of India, Karve Road, Pune; IFSC code: **BKID0000503**. Kindly send a mail immediately, A/c no., A/c holder, Date of transaction, Name of Bank, UTR/ UTN no. & attach the acknowledgement receipt.
- iii. Demand Draft: Drawn in favor of 'Symbiosis Institute of Health Sciences, Pune, payable at Pune  
Please courier Demand Draft and mail the National Seminar registration form to us.
- iv. Cash by visiting our office at Senapati Bapat Road, Pune 411004

❖ **Choose the Master Class you wish to attend**

Sr. No.	Option for Master Classes	( Please 'v' any one)
1	<u>Auditorium</u> Master Class I: HR: Changing Paradigm Master Class III : Opportunities and challenges in Health Insurance	
2	<u>Convention Hall</u> Master Class II : Emerging trends in Diagnostic Care Master Class IV: Special laws related to Healthcare	

❖ **Bus Schedule for transportation (S B road to Lavale, to & fro)**

*S. B. Road to Lavale*			Lavale to S.B. Road		
Date	'v'	Time	Date	'v'	Time
4/5/2016		6.30 pm to 8.00 pm	6/5/2016		After networking dinner
5/5/2016		6.30 am to 8.00 am	7/5/2016		Only after certificate distribution : 5.30 pm
5/5/2016		6.30 pm to 8.00 pm	8/5/2016		at 09.00 am
6/5/2016		6.30 am to 8.00 am			

❖ **Accommodation Registration, Please 'v' the room type you prefer**

Symbiosis Lavale Campus					
Room Type®	Tick	Check-in		Check-out	
		Date	Time	Date	Time
Triple Sharing (per head per day)					
Twin Sharing (per head per day)					

Kindly Note:

- To ensure academic delight of the conference, children under 18 years are not permitted in the auditorium and convention Centre.
- Each accompanying person needs to register for National Seminar (Above 12 years of age) and pay separately for accommodation, transport etc.
- Spot registration subject to availability of seats in auditorium.
- Rooms will be strictly allotted on first come first serve basis. These are available with reasonable charges and basic amenities. Complimentary Internet (WI-FI) facilities will be provided to delegates availing accommodation.
- Complimentary Recreation and Wellness facilities for delegates staying on campus are as follows:
  - Gymnasium, Aerobics, Yoga, Badminton, Cardio Studio, Squash, Table Tennis, Pool Table, Carom & Swimming Pool.
- To use the recreation and sports facilities one should compulsorily carry following items:-
  - Attire for Gym & Sport- Clean indoor shoes, shorts/track pants, T shirt, Towel & Water bottle.
  - Attire for swimming Pool- swimming costume & swimming cap.
- Transfer of registration under any category is not allowed.
- Registration fees paid under any categories are non-refundable.
- Please refer website: [www.schcpune.org](http://www.schcpune.org) for more details
- Networking dinner on 6<sup>th</sup> May, 2016 from 7.00 pm onwards.**
- Contact Details:

Address: Symbiosis Centre of Health Care, Senapati Bapat Road, Pune 411004

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