

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

NAMS House, Ansari Nagar, Mahatma Gandhi Marg, New Delhi- 110029.

Telephone No. 01126588718, 01126588134, E-mail: nams_aca@yahoo.com

**Application Form for Booking of Smt. Kamla Raheja Auditorium &
Prof.J.S.Bajaj Centre for Multi-Professional Education**

1. Name of Member/Organisation _____

2. Address for Communication _____

3. Contact Telephone No. _____ Mobile No. _____ Email. _____

4. Name of the event _____

5. Date & Timing FROM _____ TO _____

6. Number of Persons expected _____

7. Name of Chief Guest (if any) _____

8. Source of funding _____

9. Is registration fee being charged from the Participants? _____

10. Is the event funded/approved by NAMS? _____

11. Brochure / website address of the event(if available) _____

12. Booking details: Booking amount _____
Security amount _____

Bank details for refund of security money _____

*a copy of cancelled cheque is required

I/We have read and understood the guidelines for booking of the venue and catering and undertake to fully comply with these guidelines. In case of non compliance, booking will be cancelled & security money will be forfeited.

Signature: _____

Mobile Number: _____

Email address: _____

Signature of Head of the Department/Institute _____

Recommended by the Fellow of the Academy:

Signature & Name of the Fellow : _____