

Registration Form & Endorsement From HoD

To:
Prof. (Dr.) R.R. Sharma
Organizing Chairman
11th TRANSMEDCON 2023
Prof. & Head- Department of Transfusion Medicine
PGIMER, Chandigarh
Manager: 90306 95668

Subject: Endorsement of the participation of our students at the SPAN ACADEMY QUIZ

This is to confirm that _____ &
_____ are the students
from the I/II/ III & I/II/III years respectively and shall be participating in the SPAN
ACADEMY QUIZ at TRANSMEDCON 2023 at Chandigarh.

Student 1			
Email id		Year	
Phone Number		Gender	M / F
TRANSMEDCON 2023 Registration ID			
Student 2			
Email id		Year	
Phone Number		Gender	M / F
TRANSMEDCON 2023 Registration ID			
Name and Address of the College			

Signature & Seal of the Head of the Department

Name of the Head of the Department

Email:

Phone Number(s):

Please scan and send a copy to vidya@spanhealth.com