

## Registration Form

Name:.....(as it should appear on the certificate)  
 Designation:.....  
 Address:.....  
 .....  
 .....  
 City:..... Pin.....  
 Phone No: ..... Mobile No.....  
 E- Mail id : .....  
 Veg / Non-veg: .....  
 I am herewith enclosing DD No. ....Dated .....  
 from.....  
 in favour of "MaxfEd 2013" payable at Trivandrum.

PG students must get a certificate from their HOD.  
 Last Date to receive Registrations: 1<sup>st</sup> February 2013

Registration	Members	PG Students	Non Members
Upto Feb 1 <sup>st</sup>	2000	1500	+500
After Feb 1 <sup>st</sup>	+500	+500	+1000
Spot Registration			

Mail your Registrations to;

Dr. Ravindran Nair  
 Organizing Secretary  
 Department of OMFS  
 Govt. Dental College, Thiruvananthapuram - 695011  
 Mob: 09349982045  
 E-mail: maxfed2013@gmail.com  
 ksraavinair@gmail.com

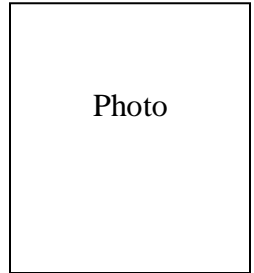
## ABSTRACT FORM

1. Name:

2. Institution:

3. Title:

4. Abstract: (Less than 150 words in Arial 10 size in single line spacing)  
 (A copy of abstract to be mailed to [maxfed2013@gmail.com](mailto:maxfed2013@gmail.com))



### DECLARATION BY PARTICIPANT

I hereby agree to abide by the rules and regulations laid by the Scientific Committee.

Signature of Participant

Signature of HOD

College seal