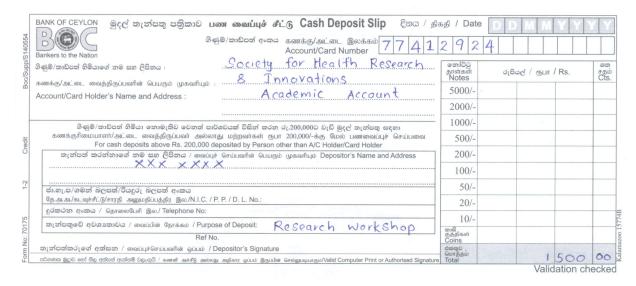
Payment Procedure for the Research Workshop

 All payments should be made to "Society for Health Research and Innovations -Academic Account" - Account no 77412924 Bank of Ceylon Torrington Branch



- Mention your Name and your NIC no. under Depositor's name and address and "Research Workshop" under Purpose of deposit on the bank slip.
- Fill the Form "Two day Research workshop for Medical Officers Registration" from the link below (fill the Form after the payment).

https://docs.google.com/forms/d/1MbVT8tbohRRe3mlWSj1PFSkoqzqmQYYcRWfoyX5nEwE/viewform?c=0&w=1&usp=mail form link

- Send a clear photograph of the bank slip to the email address
 <u>healthresearch.shri@gmail.com</u>
 Please mention your Name, Official Address, Contact phone no. and National Identity Card No. in the email.
- Please note that it is mandatory to bring the bank slip on 23rd of May.