

Payment Details: (Fill up where applicable)

Total Conference fee Rs. 5500/-
(including food and accommodation)

Local participants Rs. 2500/-

I am sending demand draft in favour of CMAI

payable at New Delhi for Rs. _____

DD No _____ Date _____

Or Direct payment can be made with the use of IFSC Code as shown below:

Account holder : CHRISTIAN MEDICAL
ASSOCIATION OF INDIA
Bank : INDIAN BANK
Branch : JANAKPURI
Account No. : 424514710
IFSC Code : IDIB000S117
Account Type : SAVING BANK ACCOUNT

Give money transfer details:

Unique Transaction ID _____

Amount _____ Date _____

Arrival: Date _____ Time _____

Departure: Date _____ Time _____

(Signature of the Participant)

Date

Scientific Session

We invite papers for a special scientific session. Interested participants are encouraged to make presentation on relevant topic. Abstracts to be sent to Ms Elsy John by 20 October 2018 at ejohn@cmai.org

Travel

Delegates are requested to make their own travel arrangement.

Fee

Conference & Registration fees: 5500/-
Local Participants: 2500/-

Local Organisers contact:

- Ms. Ruby Joseph - 9449156857, 7019281634
- Mr. Edwin - 7795021765

Send the duly completed form to

Ms Elsy John
Secretary, Administrators Section
Christian Medical Association of India
HVS Court, 3rd Floor, 21 Cunningham Road
Bangalore - 560 052
Mobile: 09741336277
Phone: 080-2220 5464, 2220 5837
Fax: 080-2220 5826
Email: ejohn@cmai.org, cmaibl@cmai.org

16th NATIONAL CONFERENCE

FOR ADMINISTRATORS 2018

Theme:

HOPE IN DISTRESS

1 - 3 November 2018

Venue

The Salvation Army Conference & Retreat centre, Surrenden, 15/8, Orange Groove Road, Upper Coonoor, SIMS Park to Wellington, Coonoor, Tamil Nadu - 643101



Christian Medical Association of India

Dear friends,

The Christian Medical Association of India(CMAI) is privileged to invite you to the National Conference for Christian Administrators 2018 from 1 - 3 November at Coonoor. The aim of this conference is to bring all Christian doctor, nurse, Administrators all over India together on one platform for a time of fellowship, spiritual and professional enrichment. As Christian Administrators who have chosen to serve the poor in remote areas of our country, this is a time to refresh, renew and rejuvenate ourselves as well as our commitment to the Healing Ministry.

Don't miss this opportunity!

Who can participate?

All Christian Doctor, Nurse, Administrators, working in Mission Hospitals/Private Practice/Government service are welcome. You can invite your Christian Administrator friends.

Christian Administrators who are not CMAI members are especially welcome.

Resource Persons

- Dr. Bimal Charles, General Secretary, CMAI
- Dr. Anbu Suresh Rao, CEO Scudder Memorial Hospital.
- Dr. Samuel N. J. David, Chairperson, Administrators Section, CMAI
- Mr. Peniel Malakar, Vice Chairperson, Administrators Section, CMAI

- Dr. Lallu Joseph, CMC
- Dr. Jothi Clara J Micheal, Kauvery Hospital
- Mr. Varghese Jacob, Christian Institute of Management
- Mr. Devendra Chowdhary

Conference Venue

The Conference will be held at the Salvation Army Conference & Retreat centre, Surrenden, 15/8, Orange Groove Road, Upper Coonoor, SIMS Park to Wellington, Coonoor, Tamil Nadu - 643101

Dates and Timings

The conference will begin on 1 November 2018 after breakfast and conclude on 3 November afternoon. We request you to reach by 31st October evening.

Accommodation

- Accommodation has been arranged at the Conference venue at the Salvation Army Conference & Retreat centre.
- Accommodation will be on a sharing basis, available from 31st October 2018 evening till 3 November 2018 afternoon
- Food starts with Dinner on 31 October 2018 till Lunch on the 3 November 2018.

Business Session

All CMAI members are requested to attend the Business Session.

16th National Conference for Administrators Section 2018
1 - 3 November 2018
The Salvation Army Conference & Retreat centre, Coonoor

Organized by
Administrators Section, CMAI

REGISTRATON FORM

Yes, I want to participate in the conference

Name _____

Age _____ Male _____ Female _____

Institution/ Hospital _____

Designation _____

Address _____

Telephone (Res) _____

Mobile No. _____

E-mail _____

Accommodation required Yes _____ No _____

Are you a CMAI Life Member: Yes _____ No _____

Membership No. _____

I would like to give presentation on _____
