**Registration Form & Endorsement Form HoD**

To

Dr.Sangeeta Pathak

Organizing Chairman

50th TRANSCON 2025

**Secretary General** - ISBTI

**Director & Head** -Transfusion Services, Max Healthcare

Subject: Endorsement of the participation of our students at the Transcon 2025 PG Quiz

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| This is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are the students from the I/II/ III & I/II/III years respectively and shall be participating in the PG QUIZ at TRANSCON 2025 |
| **Student 1** |
| Email id  | Year  |
| Phone Number  | Gender  | M / F  |
| TRANSCON 2025 Registration ID  |
| **Student 2**  |
| Email id  | Year  |
| Phone Number  | Gender  | M / F  |
| TRANSCON 2025 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* *transcon2025delhi@gmail.com*