**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*](mailto:transcon2025delhi@gmail.com)