

ADVANCED SIMULATION TRAINING IN CRITICAL CARE (ASTriCC)

8th & 9th January 2018

Deenanath Mangeshkar Hospital & Research Center

Registration Form

Name : _____
First Name Middle Name Surname

Age : _____ Sex : M / F

Designation : _____

Institute : _____

Medical Council : _____

Medical Council registration No. _____

Address : _____

Contact numbers : Mobile : _____ Land-line : _____

Email : _____

Mode of payment details :

Cheque / DD no. : _____ Dated _____

drawn on _____ Branch _____

for Rs _____.

Signature and Date

Registration details :

ISCCM member : Rs 4000/-

ISCCM non-member : Rs 5000/-

For online registration and payment : www.dmhemcrit.com

Payment can be made by cheque / demand draft favouring ' **Deenanath Mangeshkar Hospital & Research Center** ' payable at Pune.

(Cheque / DD must reach the secretariat till 31st Dec 2017. Please write your name and contact number on back of payment instrument.)

Secretariat :

Simulation Center (Manager – Jae Thattey)

14th Floor, Superspeciality building

LMMF's Deenanath Mangeshkar Hospital & Research Center

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Telephone : 020-49154402

Website : www.dmhemcrit.com

Email : pgedu@dmhospital.org