

## REGISTRATION FORM

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First name	Middle Name	Surname
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Age \_\_\_\_\_ Sex \_\_\_\_\_

Designation : \_\_\_\_\_

Institute : \_\_\_\_\_

Contact : Home \_\_\_\_\_ Mobile \_\_\_\_\_

Communication address : \_\_\_\_\_

\_\_\_\_\_

Medical council and medical council registration number : \_\_\_\_\_

Email : \_\_\_\_\_

Cheque/DD details : \_\_\_\_\_

\_\_\_\_\_  
signature

## REGISTRATION DETAILS :

Category	Till 30 <sup>th</sup> November 2016	1 <sup>st</sup> December to 31 <sup>st</sup> December 2016	1 <sup>st</sup> January 2017 to 6 <sup>th</sup> January 2017
Standard registration	INR 3000	INR 4000	INR 5000
Post graduate student	INR 1500	INR 2000	INR 2500
Foreign delegate	INR 6000	INR 8000	INR 10000

For students please attach a certificate from head of the department.

Online registration and payment : [www.dnhemcrit.com](http://www.dnhemcrit.com)

Payments can also be made by Demand drafts/Cheques favouring “Deenanath Mangeshkar Hospital and Research Centre” payable at Pune.

(Cheques will be accepted only if reaching secretariat till 30<sup>th</sup> November, 2016. Please write your name and contact number on back of payment instrument)

### SECRETARIAT:

ICU Office (ICU Manager - Mr. Jaideep Girigosavi)

4th floor, Superspeciality building,

**LMMF's Deenanath Mangeshkar Hospital & Research Centre**

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