



REGISTRATION FORM

Name _____

(in Block letters) Surname

First

Middle

PG Degree : - MS / DNB _____ **PG year:** - 1st / 2nd / 3rd _____

Institute _____

_____ **Tel No** _____

Postal Address _____

_____ **Tel No** _____

Mobile _____ **E-mail** _____

Date: - ____ / ____ / _____ **Signature:-** _____

Mode of Payment:-

On cash payment forms available at 6th floor C wing (PG Office) between 9 am to 5 pm.

Or can be downloaded from website & send DD along with the form.

(DD in the name of “Deenanath Mangeshkar Hospital & Research Centre”)

Note: - Would you like to present a Case?

Yes / No