



ACE PLUS COURSE



REGISTRATION FORM

01st and 2nd June 2024

Department of Critical Care Medicine

Deenanath Mangeshkar Hospital & Research Center

Name: _____
First Name Middle Name Surname

Age: _____ Gender: _____

Educational Qualification (Speciality / DNB Yr): _____

Designation: _____

Institute: _____

Medical Council: _____

Medical Council registration No. _____

Address: _____

Contact numbers: Mobile: _____ Land-line: _____

Email: _____

Mode of payment details: Online/NEFT/ Cheque:-

Link for online Payment: - <https://www.dmhospital.org/pay/index.php>

Online (Transaction details): _____

For NEFT:-

Payee Name	:	L M M F's Deenanath Hospital
PAN No.	:	AAATL1944N
Bank Name	:	State Bank of India, Commercial Branch
Bank Address	:	Commercial Branch - Tilak Road, Off. No. 101 & 102, 1st floor, Next Gen Avenue, Bhiratwadi off Senapati Bapat Road, Pune - 411016
Account No.	:	1 0 2 9 9 6 6 2 1 7 4
Account Name	:	L M M F's Deenanath Hospital
Swift Code	:	SBININBB249
IFS Code	:	SBIN0004108
MICR	:	411002050

Payment can be made by cheque / demand draft favouring ' **LMMF's Deenanath Hospital** ' payable at Pune.

Cheque / DD no. : _____ Dated _____

drawn on _____ Branch _____

for Rs _____.

Signature and Date

Please Fill the above form and send it on dmhicu@gmail.com

Secretariat:

ICU Manager - Jaideep Girigosavi
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