



RCS ACCREDITED COURSE
CORE SKILLS IN ARTHROSCOPIC SURGERY
BASIC SHOULDER ARTHROSCOPY
7th December 2025

REGISTRATION FORM

Name:_____ Middle Name:_____ Surname:_____

Age:_____ M/F

Residence Address:_____

City:_____ State: _____ Pin Code:_____

Phone No.(with STD code) Clinic:_____ Mobile:_____

Residence:_____ Email:_____

Qualification:_____

Nature of Practice:_____

Current Appointment:_____

Course fee:

BOTH COURSES: Rs.12,000/- (Rupees Twelve Thousand Only)(Including GST)

Mode of Payment: Visit our website www.dmhospital.org – Online Facilities – Online payment – Purpose of Payment - select payment category – Conference – Basic knee & shoulder arthroscopy

After the payment is done, please send scanned copy of your duly filled registration form to shoulder@dmhospital.org

Cancellation Policy:

All requests for cancellation of registration must be sent in writing by mail to Course Secretary on shoulder@dmhospital.org

Deduction of charges will be as follows:

Upto 26th December 2025: Refund after deducting processing fee of Rs.1000/- and will be processed only after the course.

From 27th December 2025: NO REFUND