



Registration Form

COURSE DETAILS

Venue: Vasant & Nirmal Oswal Centre for Post Graduate Training, 14th Floor Superspeciality Wing,
Deenanath Mangeshkar Hospital & Research Centre, Erandwane, Pune – 411004

Date: _____

PERSONAL DETAILS

Name: _____

Title (Degree): _____ Registration Number: _____

Address: _____

_____ Postal Code: _____

Date of Birth: _____ Daytime Telephone: _____

Mobile No: _____ E-mail Id: _____

Are there any other requirements that you would like to make us aware of?

Do you require information about local accommodation? Yes / No

PRESENT APPOINTMENT

Hospital: _____ Grade: _____

Other (Please specify) _____ Number of year in post: _____

HISTORY

Have you attended any Hands on Course in Laryngology? Yes / No

Are you familiar with the basic principles of Laryngology? Yes / No

PUBLICITY

How did you find about this course? Poster Training Advisor Tutor Colleague

Other (please specify)

Signed -

Date -