



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 -