

DAFPAL CME 2012

Infectious Diseases in Children

4th November 2012

Choksi Auditorium, Tata Memorial Hospital, Parel, Mumbai.

Registration Form

Date : _____

Registration Type :

- Delegate Post-Graduate Student
 Certificate of HOD attached

Personal Details :

First Name : _____

Middle Name : _____

Last Name : _____

Institution : _____

Designation : _____

Address : _____

City : _____

Pincode : _____

State : _____

Tel. : _____

Mobile : _____

Email : _____

Please Turn Over

Payment Details :

Cash Cheque DD

No. : _____

Dated : _____

Bank : _____

Branch : _____

Rupees : _____

₹ : _____

Favouring 'Dr. Athavale Foundation & Pediatric
Alumni LTMGH'

Signature : _____

Post / Courier

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