

REGISTRATION FORM

MEDICINE UPDATE- 2009

December 21th to 23th, 2009

NAME OF THE PARTICIPANT

INSTITUTION

MAILING ADDRESS

PIN CODE.....

E-MAIL MOBILE

ACCOMMODATION REQUIRED (YES/NO)

CASH/CHEQUE/DRAFT NO..... of Rs.....

DATED BANK

(SIGNATURE)

Note:-

- Cash/Bank Draft/Cheques payable at Delhi will be accepted
- Draft/Cheque should be drawn in favour of "Medicine Update 2009."
- Photocopy of the above registration form can be used if required or you can also download the form from website: www.mamc.ac.in.

REGISTRATION FEE*

| | |
|----------------------|------------|
| Before 15th November | Rs.800./- |
| After 15th November | Rs.1000./- |

***Registration fee includes Delegate kit, Coffee, Lunch & Tea during 3 days of Update-2009**

Registration amount is payable by bank draft in favour of "**Medicine Update 2009**" and kindly send this to
DR. NP SINGH/ DR. P KAR
122, TANEJA BLOCK,
MAULANA AZAD MEDICAL COLLEGE,
NEW DELHI-110002