



ECMO COURSE

14th September 2019

Deenanath Mangeshkar Hospital & Research Center

Registration Form

Name : _____

First Name

Middle Name

Surname

Age : _____ Sex : M / F

Educational Qualification (Speciality / DNB Yr) : _____

Designation : _____

Institute : _____

Medical Council : _____

Medical Council registration No. _____

Address : _____

Contact numbers : Mobile : _____ Land-line : _____

Email : _____

Mode of payment details :

Cheque / DD no. : _____ Dated _____

drawn on _____ Branch _____

for Rs _____.

Signature and Date

Registration details :

Course fee : Rs 5000/-

For online registration and payment : www.dmhemicrit.com

Payment can be made by cheque / demand draft favouring '**LMMF's Deenanath Hospital**' payable at Pune.

(Cheque / DD must reach the secretariat till 5th Sept 2019. Please write your name and contact number on back of payment instrument.)

Secretariat :

Simulation Center (Manager – Jaee Thattey)

14th Floor, Superspeciality building

LMMF's Deenanath Mangeshkar Hospital & Research Center

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Telephone : 020-49154402

Website : www.dmhemicrit.com

Email : pgeedu@dmhospital.org