

PULMOCON-2014

12th All India Update in Pulmonary Medicine

18th and 19th October 2014

REGISTRATION FORM

Name :

PGT ☐

Non PGT ☐

Institute:

..... Age : Sex :

Address for correspondence :

.....

.....

.....

Phone No. :

E-mail :

I hereby enclose the Crossed Cheque / Demand Draft of

Rs. No. on in

favour of "Institute of Pulmocare and Research"

I want to join the workshop ☐ Yes ☐ No.

Date :

Signature

(Photocopy of this form will also be accepted)

* Registration by cash deposition is done only at the institute.

Payment Accepted by Demand Draft or A/c Payee Cheque payable at Kolkata in the name of "Institute of Pulmocare and Research"

Secretarial Address :

Institute of Pulmocare and Research

CB-16, Sector-1, Salt Lake, Kolkata - 700 064

Ph. : 033 2358 0424/2321 2919 / 6548 1305, Fax : 033 2358 0424, E-mail : ipcr_india@yahoo.com