

REGISTRATION FORM

Name of the Candidate: - _____

Age: - _____ Gender: - _____ Contact Number: _____

Hospital / Institute name: - _____

Designation: - _____

Communication Address: - _____

Email ID:- _____

Mode of Payment and Transaction Details: _____

For registration click on the following link: <https://www.dmhospital.org/pay/index.php>

For any other details or if you face any issue while registration,
Please contact to Ms. Komal: - **9049546651 / 020 - 40151640**

Fill the above form and send it on nsqdir@dmhospital.org

Fees

WHO CAN
ATTEND?

Group Registration upto 5 members Per-hospital Rs: - 2500/-
(Intensivist, Microbiologist, Infection Control Nurse, ICU Nurse, Admin)

Individual Registration Rs: - 1000/-

Date: - 28th June 2024

**Venue: - 14th Floor Dr. Meena Choksi Auditorium, Phase – II Building,
Deenanath Mangeshkar Hospital and Research Center
Erandwane Pune-411004.**

Website:-www.dmhospital.org