



RCS ACCREDITED COURSE
CORE SKILLS IN ARTHROSCOPIC SURGERY
BASIC SHOULDER ARTHROSCOPY
16th June 2024

REGISTRATION FORM

Name: _____ Middle Name: _____ Surname: _____

Age: _____ M/F

Residence Address: _____

City: _____ State: _____ Pin Code: _____

Phone No.(with STD code) Clinic: _____ Mobile: _____

Residence: _____ Email: _____

Qualification: _____

Nature of Practice: _____

Current Appointment: _____

Course fee:

BOTH COURSES: Rs.12,000/- (Rupees Twelve Thousand Only)(Including GST)

Mode of Payment: Visit our website www.dmhospital.org – Online Facilities – Online payment – Purpose of Payment - select payment category – Conference – Basic knee & shoulder arthroscopy

After the payment is done, please send scanned copy of your duly filled registration form to shoulder@dmhospital.org

Cancellation Policy:

All requests for cancellation of registration must be sent in writing by mail to Course Secretary on shoulder@dmhospital.org

Deduction of charges will be as follows:

Upto 5th June 2024: Refund after deducting processing fee of Rs.1000/- and will be processed only after the course.

From 10th June 2024: NO REFUND