

Registration Form

COURSE DETAILS

Venue: Date: Fee:	Research Room, Voice Clinic, 1st Floo Centre, Erandwane, Pune – 411004 21st December 2024 INR. 1000/- Only	or, Deenanath Mangeshkar Hospital & Research
PERSON	AL DETAILS	
Name:		
Title (Degree):		Registration Number:
Address:		
		Postal Code:
Date of Birth:		Daytime Telephone:
Mobile No:		E-mail Id:
Are there	any other requirements that you would	ld like to make us aware of?
Do you re	equire information about local accomm	nodation? Yes / No
PRESENT	Γ ΑΡΡΟΙΝΤΜΕΝΤ	
Hospital:		Grade:
Other (Please specify)		Number of year in post:
HISTORY	Y	
Have you	attended any Hands on Course in La	ryngology? Yes / No
Are you f	amiliar with the basic principles of La	ryngology? Yes / No
PUBLICI	ТҮ	
How did you find about this course? Poster		Training Advisor Tutor Colleague
Other (ple	ease specify)	