

REGISTRATION FORM

6TH ANNUAL CRITICAL CARE REFRESHER COURSE

17th, 18th, 19th 20th & 21st January, 2018

(Wed, Thu, Fri, Sat & Sun)

Name

Designation

Institute / Hospital.....

Address

.....

City Pin Code.....

Phone: (Mob).....(R.)

Email:

Registration Fee Rs. 6500/-

Mode of payment: Online Cash

For online payment kindly visit www.isccmdelhi.com

For registrations kindly contact:

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