

Registration Form

**Basic Ultrasound and Echocardiography in Critical Care Workshop**

**Organised by the Department of Anaesthesia, Critical Care and Pain,**

**Tata Memorial Centre, Mumbai**

**14<sup>th</sup> January 2018**

Name: Dr. Mr. / Ms / Mrs. \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ ISCCM membership no. \_\_\_\_\_

Institute \_\_\_\_\_

Address for correspondence  
\_\_\_\_\_

Tel no. \_\_\_\_\_ Alternate Tel no. \_\_\_\_\_

E-mail \_\_\_\_\_

(Mandatory)

DD no. \_\_\_\_\_ dated \_\_\_\_\_ drawn on Bank

\_\_\_\_\_ in favour of “**Tata Memorial Hospital**” or cash (In person) Rs. **2360/-** only (including 18% GST).

Please mail your registration form along with DD to: Dr. Amol Kothekar. Dept. of Anaesthesiology, Critical Care & Pain Tata Memorial Hospital, Parel Mumbai - 400 012.

Contact For further information:

Dr. Amol Kothekar

Email: [amolkothekar@yahoo.com](mailto:amolkothekar@yahoo.com),

Phone: 9869451634