

Registration form

Operative Nailing Course, Mumbai 2016.

3rd & 4th June 2016

1. Name:.....

2. Designation:.....

3. Year of passing Post Graduation:.....

4. Address for Communication:.....

.....

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Mobile Number (Compulsory):

E mail Id (Compulsory):

For Payment:

Please send this form duly filled along with your demand draft for Rs. 7,500/- in favour of "Association of Trauma Surgeons of India" Payable at Mumbai to the Secretariat or You Can also do online payment to the following account.

Account No.: 3518927866

Name: Association of Trauma Surgeons of India

Central Bank of India, Vakola Branch Mumbai 400055

IFSC CODE CBIN0282521

Please email your payment details with other details as in registration form on nailingcourse@gmail.com or send the form filled with DD to the Secretariat.

To,

Organising Secretary,

Dr. Satish Mutha

Hon. Asst Prof, Orthopedics

Dr. K.B. Bhabha Municipal General Hospital

Operative Nailing Course 2016,

42, Crisadel, Vakola Bridge

Santacruz East

Mumbai-400055

Mobile: 9821223642

Venue : HBT Medical College & Dr R N Cooper Municipal Hospital, Juhu, Mumbai