



POONA HOSPITAL & RESEARCH CENTRE

27, SADASHIV PETH, PUNE – 411 030

Phone No: 66096000 Ext- 6116 / 1323 website – www.poonahospital.org

Email – poonahospital@gmail.com

REGISTRATION FORM

Name of the Candidate:

Age / Sex:

Name of the Institution:

Academic Year:

Mobile No:

Email Address:

Date:

Registration Limited.

Further registration will be confirmed through personal communication

The fees for the classes will be Rs. 1500/- only (One thousand five hundred only)

Spot Registration fee Rs 2000/- only (Two thousand rupees only)

By Online Bank Account Transfer –

Account Holder: Poona Hospital & Research Centre

Account No: 20076504217

Bank Name : Bank of Maharashtra

Branch : Navi Peth, Pune – 411030

IFSC Code : MAHB0000102

Account Credit : Cash Credit

Kindly email a copy of the NEFT form receipt as proof of payment towards the CME.

Payment by DD –

DD number -dateddrawn on in favour of Poona Hospital & Research Centre at Pune (Kindly attached the registration form duly filled along with DD).

Kindly fill up your registration forms and send your scanned copy after filling up all the details to poonahospital@gmail.com for confirmation.

Note –

1. Online registration will be confirmed only on **receipt of the scanned copy of the registration form & online payment receipt by mail.**
2. **Candidates interested in presenting case should contact before 31st July 2017.**
3. Candidates must arrange their own accommodation.

Contact number Dr. Akash – 7774984630, Dr. Zohar – 7276327142, Dr. Sai - 9552347398