

# Registration Form

Sign up for one of the following

Course only

Course and Accommodation

Registration No (MMC/MCI/Any State):

Name

Age/Sex

Address

Qualification

Present Job:

Post graduate student:     Senior Resident     Fellow in Pathology/DM Student

## Registration fees – Demand Draft

Demand draft Number -----  
Bank Name -----  
Amount (Rs): -----  
Dated: -----

Demand draft should be drawn in favor of “**Tata Memorial Hospital**” payable at Mumbai  
(write name and the telephone number at the back of the cheque)

Cell phone/Telephone :

E mail:

Meal preferences:     Vegetarian     Non vegetarian

### Address for correspondence:

Dr Sumeet Gujral

Hematopathology Laboratory,

Room no 727, Seventh Floor, Annexe Building

Tata Memorial Hospital, Parel,

Mumbai – 12

E mail: s\_gujral@hotmail.com

Telephone: 022-24177000, Extension 4367, 4362, 7274