

12th Basic Hematopathology Course, TMC, Mumbai

18th and 19th July, 2025 (Friday - Saturday)

Registration Form

Name: _____

Age/Sex: _____ / _____ Mobile No: _____

E-Mail ID:- _____

Registration No (MMC/MCI) Any State: _____

Address:- _____

Qualification:- _____

Present Job:-

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

Registration fees:- Online ☐ Demand Draft :- Demand draft Number:- _____

Bank Name:- _____ Amount (Rs):- _____ Dated:- _____

Demand draft should be drawn in favor of "**Tata Memorial Hospital**" payable at **Mumbai**

(Note: Kindly mention your name & contact number on the backside of the draft)

Meal preferences:- Vegetarian ☐ Non vegetarian ☐

Address for correspondence:

Dr. P G Subramanian / Shashikant G. Mahadik
Hematopathology Laboratory,
5th Floor, Annexe Building
Tata Memorial Hospital,
Parel, Mumbai-12

E mail: hematologycme@gmail.com **Telephone:** 022-24177000 (Extension:- 4367, 7288)

Payment-Online Transaction-

https://tmc.gov.in/m_events/Events/EventDetail?id=35281&type=6&pg_tp=conf