Registration Form

Sign up for one of the following

☐ Course only

☐ Course and Accommodation
Kindly note the Accommodation is full

Name

Age/Sex

Address

Qualification

Present Job:

Whether post graduate student: Yes ☐ No ☐

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)

Telephone

Cell phone

E mail:

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
Accommodation In-charge: Dr Komal/ Dr Sachin, 93202 33334, 97690 64363