

Dr. P. S. Ramani's Cadaver Course 2011

4th & 5th June 2011

Registration Form

Name : _____

Qualification : _____

Organization : _____

Address for correspondence : _____

_____ Pin :- _____

City : _____ State : _____

Telephone : _____ E-mail : _____

Draft details - Bank Name : _____

Draft No.: _____ Rs.: _____ Date: _____

Note : Demand Draft favouring "Lilavati Hospital & Research Centre" payable at Mumbai, India to be sent on the following address:

Dr. P. S. Ramani
202, Fortune Heights,
298/299, L. J. Road,
Near Mahim Bazar Post Office,
Mahim, Mumbai – 400 016.