



CME & UPDATE ON TUBERCULOSIS

Saturday, 29/01/2011

Organized by: Department of Pulmonary Medicine, CSMMU Up Lucknow
&
Uttar Pradesh TB Association.

REGISTRATION FORM

Personal Details

Dr. (Last name).....(First name).....

Institution :

Address:.....

.....City:.....Pin Code:

Contact No:E- mail:.....

Registration Details: (Please encircle the fees applicable)

Category	Registration Fees
Delegates (including PG Student)	₹ 500/-

Detail of Payment (Demand Draft/Cash)

Demand Draft/Cheque No:Date:.....Amount(₹):.....

(Rupees in words).....

Drawn on Bank :

Payment by Demand Draft In favour of **"PULMONARY MEDICINE UPDATE"** payable at Lucknow. Last date for registration is 24.01.2011.

Date:..... Place :

Please mail this form and bankdraft/Cheque to:

Dr. Rajendra Prasad

Professor & Head

Department of Pulmonary Medicine

C.S.M. Medical University UP, Lucknow

☎ 91-522-2255167; +919415021590

Signature

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RECEIPT

Date:

Received with thanks fromthe sum of ₹
(Rupees.....) by Cash/Cheque/Demand Draft no.
.....datedon account of registration.

Organizing Secretary