

Awareness Programme On NABH Accreditation For AYUSH Hospitals



Delegate Registration Form:

Personal details:

Name.....
Designation.....
Organisation.....
Qualification.....
Experience.....
Address.....
.....
City..... Postal Code.....
State..... Country.....
Tel (O)..... Tel(R).....
Mobile..... Fax.....
Website..... Email.....
Location of the Programme..... Date of the Programme.....

Others (please specify).....

Registration Fees (non-refundable):

	Registration fee
For Delegates	INR 750
For Students	INR 500

Payment Details:

Cheque/Demand Draft No. Dated/...../..... Drawn on
for amount INR/USD in favour of.....

Fee Entitlements:

The Delegate Registration entitles the individual to participate in the workshop. The delegate fee also entitles you for delegate kit of the Programme and lunch at the event.

Please send the filled form along with the DD/Cheque on the address given below

Dr Bhawna Gulati, Assistant Director

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