

AWARENESS PROGRAMME ON NABH ACCREDITATION OF MEDICAL IMAGING SERVICES



Delegate Registration Form:

Personal details:

Name.....
Designation.....
Organisation.....
Address.....
City..... Postal Code.....
State..... Country.....
Tel (O)..... Tel(R).....
Mobile..... Fax.....
Website..... Email.....

Sector:

Govt. NGO Corporate Academics/Institutions

Others (please specify).....

Registration Fees (non-refundable):

	Registration fee
For Delegates	INR 1000
For Students	INR 700

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

National Accreditation Board for Hospitals & Healthcare Providers(NABH)

Quality Council of India, 2nd Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg,
New Delhi-110002

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