REGISTRATION OF INTERNATIONAL CME

Name as per Passport

Name :_____ _____ _____

First Middle Surname

Degree :_____

Date of Birth :_____ Date of Marriage : _____

Clinic Address :_____	Hospital Address :_____	Residence Address :_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
City :_____	City :_____	City :_____
Pin Code :☐☐☐☐☐☐	PinCode : ☐☐☐☐☐☐	Pin Code :☐☐☐☐☐☐
State :_____	State :_____	State :_____
Tel. :_____	Tel. :_____	Tel. :_____

Mobile :_____

Fax :_____

Email :_____

Kindly suggest, with which group you feel comfortable to participate in the next CME

1) Dr._____ 4) Dr._____

2) Dr._____ 5) Dr._____

3) Dr._____ 6) _____

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