



PATEL HOSPITAL
A Project of Patel Foundation

LIVE SURGICAL SYMPOSIUM
"JUST HYSTERECTOMY"

Registration Form

Name: _____

Address: _____

City: _____ Mobile No: _____

E-mail: _____

Qualification:

Resident Consultants Other: _____

Designation: _____

Institution: _____

Registration charges: Residents Rs. 500/- Consultant Rs. 1000/-

Signature: _____