

REGISTRATION FORM

IDCC Preparatory Course, Delhi

Feb 26th 2017

VENUE: Metropolitan Hotel New Delhi

NAME:

DESIGNATION:

NAME OF INSTITUTION:

ADDRESS:

CITY: STATE: PIN:

MOB:..... EMAIL:.....

Meal Preference Veg/Non Veg

ISCCM MEMBERSHIP: Yes/No If Yes , ISCCM MEMB NO:.....

Download the form, fill the details and send it as attachment to Email address given below.

Registration fee Rs 2000.00 (Demand draft / cheque in favour of 'Society of Critical care Medicine Delhi for Rs.2000.00 and payable at Delhi. (On line option available on the website log on to www.isccmdelhi.com)

Bank details ICICI Bank Ac No 036401003139 (IFSC Code ICIC 0000364)

SECRETARIAT ADDRESS :

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