

REGISTRATION FORM

Please write in CAPITAL letters only
(Photocopy of this form can also be used for registration)

Name

Designation Qualification

Institution

Address

.....

Tel Mobile Email

Registration Fee	Till 15th Feb 2025	After 15th Feb 2025
1. Delegates Fee	Rs. 1,500	Rs. 2,000
2. Postgraduate Delegates Fee	Rs. 1,000	Rs. 1,500

I am enclosing a Cheque / Draft No.....
for Rs. dated
drawn on (Name of bank)

Cheques/Drafts may please be drawn at Delhi in favour of **Shashi Subodh Foundation** (No outstation cheques will be entertained, please)

Duly completed form with cheque / draft to be sent by Courier only to:

Dr. Prateek Kumar Gupta
Organising Chairman
Sports Medicine & Arthroscopy Workshop


**A⁺ ORTHOPAEDIC AND SPORTS MED
CENTER**

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