



REGISTRATION FORM

NAME : _____

AGE : _____

SEX : _____

QUALIFICATION : _____

CURRENT DESIGNATION : _____

ADDRESS : _____

PHONE No. : _____

E-MAIL ID : _____

REGISTRATION FEES

Consultants : Rs. 3000/-

Registrars : Rs. 2000/-

PG Students & Physiotherapists : Rs. 1000/-

Please make Cheque or DD in favour of : 'SPARSH Hospital - Shoulder Course'

Please mention 'Shoulder Course' on the envelope

Kindly mail the Form and Cheque to:
SPARSH Hospital for Advanced Surgeries
146, Infantry Road, Bangalore 560 001, INDIA.