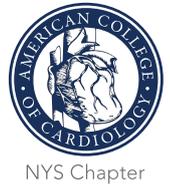




Offline Registration Form Post Graduate Program in Advanced Cardiology from New York Cardiological Society (NYCS)



Email	
Full Name	
Username	
Password	
Confirm Password	
First Name	
Last Name	
Degree	
Designation	
Current Work Place	
Professional Work Experience (No. of years)	
Mobile	Tel. No.
Address	
Country	Zip Code

I would like to participate: (Select the appropriate fee option)

Rs. 35,000 (USD 500) + 18% GST

GST No. (If applicable)

I enclose my cheque / DD no: _____ drawn on _____ Bank _____ Branch,
dated _____ for Rs. _____.

I hereby declare that the information provided is correct, and also agree to all terms and conditions that govern this course.

Signature _____

Print and duly fill in the requisite details and send the form with your payment towards the program fee . The pay order should be in favour 'Hansa Vision India Private Limited'.

To The Program Manager,
Hansa MedCell at 1st floor, Plot No. B-6, Cross road B, MIDC Marol, Andheri East, Mumbai 400093.

Phone : +91 022 62869292/ +91 022 62869233/ +91 022 62869235

Hours : Monday – Friday 9:30am to 4:30pm (IST)

Email address : hcpd@hansamedcell.com