

Email	
Full Name	
Username (Email id)	
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. 1,00,000 (USD 1500) + 18% GST – For online course
- Rs. 1,25,000 (USD 1750) + 18% GST – For online course along with request for print copies of modules and DVDs of video lectures

Special offer code 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.

Please Note: The doctors registered in a particular month will be activated the following month. For example if the doctor has registered in the month of September, he will be able to access the course in the month of October.

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