

**SIX DAYS CONTINUING MEDICAL EDUCATION (CME) PROGRAM FOR
TEACHERS OF ILAJ-BIT-TADBEER (REGIMENAL THERAPY)
December 17 – 22, 2018**

REGISTRATION FORM

Name:

Designation:

Name & Address of College/Institution:

Corresponding Address:

.....

.....**Registration No.**.....

Email:**Mobile No.** **Adhar No.**.....

Detail of CME attended in last 3 Years:

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Signature of Trainee

RECOMMENDATION

This is to certify that Dr. is working as
..... at I have no objection if he/she is going to
attend the aforesaid program. He will be relieved for the same within time.

Signature of Head of the Institute

Note: Kindly attach the copies of Registration & Aadhaar