

CME on NABH ED Certification Standards
8th & 9th July, 2017
Registration Form

1. Name of Candidate :.....
2. Designation :.....
3. Address :.....
.....
.....
4. Mobile :.....
5. E-mail :.....
6. Qualification :.....Experience.....
7. Institute/College/Organization (Where currently employed)
.....

8. Veg Non-Veg

9. Fee structure: Rs. 1500 per person. For students, Aster employees and CAHO members- Rs. 1100/-. (Student's ID card/Aster employee ID card/CAHO membership number is mandatory)

10. Payment mode: Online transfer/ Cash/DD (in favor of 'Malabar Institute of Medical Sciences Ltd' payable at Calicut).

Online transfer- Account Number: 004110100000194, IFSC Code: DLXB0000041.

Once payment made, it will not refundable.

11. Demand Draft/Online transfer number Bank Name
.....Date

I hereby declare that the above mentioned information is correct to my knowledge and I bear the responsibility for the correctness of the above mentioned particulars. I am aware that the above training will be organized by Aster MIMS Hospital in association with CAHO.

Signature of applicant:

Date:

Kindly fill the registration form and send it to the following address along with the fees.
Contact details:

Quality Assurance Department, Aster MIMS Hospital,
Mini Bypass Road, Govindapuram, Calicut, Kerala
Email: qad.mimsc@asterhospital.com