



MIMS Institute of Emergency Medicine

EMS WEEK CELEBRATION
&
WORKSHOP ON PAEDIATRIC EMERGENCY NURSING
On 16 May, 2015, Venue: MIMS Auditorium

Registration Form

Nursing Registration No:

Registration no: Receipt No: (for office use only)

Personal details

Please fill in CAPITAL LETTERS only

Title: Ms [] Mr [] Gender: Male [] Female []

Full Name:

Nationality:

Address:

City: State / Country: Zip Code:

Email Id:

Organization / Company:

..... Designation:

Mobile No: Telephone: Fax:

Modes of Payment:

Cheque / Demand Draft in favour of "EMCME 2010" payable at Calicut.

Cheque / DD No: Amount: Dated:.....

Bank:.....

Signature

For any details, please contact :

Mr Vijesh N
9895389579

Mr Reji M Paul
9745184272