

Registration Form

To participate in AIIMS Ultrasound Regional Anaesthesia Workshop organized by The Department of Anaesthesiology, AIIMS, New Delhi, please feel free to give your details by filling form given below:

Name:

Contact Number:

Email Id:

Address:

Age:

Sex:

Qualification:

Department/ Institution:

Designation:

(Junior Residents, Senior Residents, Faculty/Practitioner)

Mode of Payment:

(Cash, Demand Draft, Cheque, NEFT Transfer)

DD No./ Chq No./

Neft Transaction No.:

Amount:

Date:

Signature: