

Registration Form

To participate in **CUSA 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:

Institute Address:

Position:

(Junior Residents, Senior Residents, Faculty/Practitioner)

Ultrasound Machines available in the Department?

(Yes/No)

Are you using Ultrasound regularly for Nerve blocks?

(Yes/No)

Number of ultrasound guided regional anesthesia workshop attended

Mode of Payment

(Demand Draft, Cheque, NEFT Transfer, Paypal)

DD No. / Chq No. /
NEFT Transaction No.:

Date:

Signature