



1st AIIMS-Patna Workshop on Blood Gases

Department of Pediatrics
All India Institute of Medical Sciences, Patna



Registration Form

*Please print clearly / write in capital letters

Name: _____

Date of Birth: _____

Sex: _____

Designation: _____ (Postgraduate trainees kindly mention year also)

Department: _____

Institute / Hospital: _____

Corresponding Address: _____

Phone number: (m) _____ (L) _____

Email ID: _____

Course	Course Registration Fee	Date	Maximum number of participants
1 st Workshop on Blood Gases	Rs. 1000/-	April 11, 2015	40

Course details: Target Audience is doctors and postgraduate trainees from all the medical and surgical disciplines involved in the emergency and intensive care of patients. The registration fee for this one day workshop involves hospitality and travel costs of the faculty.

Demand Draft in favour of **PEDIATRIC CRITICAL CARE** (A/c No. **579310110004184**; IFSC: **BKID0005793**) payable at **Bank of India, Patna** should reach at least two weeks before the course date at the below-mentioned address. In case of online transfer, the challan must be submitted along with the registration form.

Issuing Bank: _____ **Date:** _____ **Branch:** _____

Correspondence Address:

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