

## REGISTRATION FORM

Delegate's Name (Prof./Dr./Mr./Mrs./Ms.): .....

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Address: .....

.....

City: .....

Postal Code: .....

Ph.: .....Mob.: .....

Fax: .....

Email: .....

Please select:  Student  Working, if working please specify.....

.....

Registration Fee .....

**LIMITED 100 SEATS**

### Mode of payment:

Cash  Money order  Cheque

Bank Draft  Bank Transfer

Draft/cheque in favour of "Dr. J Maheshwari Orthopaedic Foundation"

Or deposit fee online to the account number (662705600047)

Bank Name: ICICI Bank, IFSC Code: ICIC0006627

**Dr. J. Maheshwari**

**Knee & Shoulder Clinic**

F-7, East of Kailash, New Delhi-110065

Mobile: 9811109833, 9818215150

Email: physio@kneeandshoulderclinic.com

Web.: www.kneeandshoulderclinic.com