

TILAK MAHARASHTRA VIDYAPEETH, PUNE
INSTITUTE OF NURSING EDUCATION AND RESEARCH,
CNE ON ‘EMERGENCY CARE AND BCLS
THEME: ‘EVERY PATIENT+EVERY TIME=MAKES DIFFERENCE’

REGISTRATION FORM

Name: -----

Designation / Student: -----

Qualification: ----- Years of Experience :-----

Organization : ----- Registration No. -----

Address : -----

City : ----- State -----

Phone (office) ----- Mobile No. -----

E-mail ID -----

MNC Registration No.-----SUID no.-----

User ID -----Password:-----

-

Details of registration Fee Rs .----- DD No. -----

Dated ----- (Drawn on Bank) -----

Signature

REGISTRATION FEE: Cash / D.D

For details contact:

Mrs. Jyoti Pathak (7774050835)

Ms.Chhaya Godse (9172160638)

Ms. Chaitali Ahire (9028779173)

Mrs. Vidya Kadam(9850243844)

NOTE :(Participant must carry their SUID number, user Id & password to get credit points)

