

**5<sup>th</sup> MAX INTERVENTIONAL BRONCHOSCOPY AND THORACOSCOPY COURSE  
HANDS ON WORKSHOP  
Oct 2015**

**Registration Form**

**Personal Details (IN CAPITAL LETTER ONLY):**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: M F

Age \_\_\_\_\_

**Contact Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

**Educational Qualification(s)/Speciality :**

**I hold - MBBS/ DTCD/ DNB/ MD/Other** \_\_\_\_\_

**My main area of work:**

Pulmonology  Anesthesiology

Intensive care  Onco surgery  ENT  CTVS

**I am currently doing flexible bronchoscopy:**

Independent Regular >5yrs  Independent Regular <5yrs

Independent Occasional  Supervised Regular  Supervised Occasional

Write Approx Nos. till date \_\_\_\_\_

**Registration Fees**

**Indian National**

Rs. 22500/-

**Foreign National**

US \$ 500/-

**Mode of Payment: (Demand Draft or Cheque in favor of "MAX HEALTHCARE INSTITUTE LTD." Payable at New Delhi)**

DD/Cheque No: \_\_\_\_\_

Amount : \_\_\_\_\_

Drawn on: \_\_\_\_\_

Signature & Date:

**Kindly send Completed Registration form along with the Demand draft to-** Akansha Sharma, Department of Respiratory Medicine, Service Floor, East Block .Max Super Specialty Hospital press Enclave Road, Saket , New Delhi-110017

**Imp: Before sending the registration form, please send a scanned copy of the same to course coordinator and confirm the Registration No.**

**Course Coordinator –**

Akansha Sharma

Email: Akansha.sharma@maxhealthcare.com

Mobile: +91-9213526027

**Course Organizer**

Dr. Nevin Kishore, FRCP (EDIN)

Head of Bronchology & Sr. Consultant

Email: nevinkishore@gmail.com

Mobile: +91-981-813-8111