

REGISTRATION FORM

Name Age

Mobile No. Residence No.

Email Qualification

Year of passing your highest qualification Consultant Registrar

Where do you practice? City / Town State

Are you teaching faculty? (Medical College / DNB) Yes No

If yes, Institution & Designation

Average number of surgeries you perform every year (all inclusive)

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Arthroplasty Performed by yourself Assisted

Experience TKR/THR / /

Have you attended any Arthroplasty course in the past Yes No

If yes, when & where

Have you done /are you doing an Arthroplasty Fellowship Yes No

If yes, fellowship details

Why do you need this course? (Please explain how this course will help you for your professional development in about 150 words. Please use a separate sheet. This information will help us to shortlist candidates for fellowship).

Registration Fee :	Up to 31-01-2012	Up to 15-02-2012
Consultants	Rs. 5,000/-	Rs. 6,000/-
Post Graduates	Rs. 3,000/-	Rs. 4,000/-

Payment : Cheque/DD in favor of "SPARSH Hospital" payable in Bangalore and send to SPARSH Hospital for Advanced Surgeries, 146, Infantry Road, Bangalore - 560 001

The number of delegates will be limited to maintain a good faculty delegate ratio.
Spot Registration will not be entertained.