



JASLOK HOSPITAL

Registration Form: Paediatric Criticon 2008

**Registration Form**

Name: \_\_\_\_\_.

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

\_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Practicing Speciality: \_\_\_\_\_

Institution: \_\_\_\_\_

**Registration Fee**

Registration Fee: Rs 500/-  
For PGs: Rs 300/-  
For Out station cheque-add Rs 25/-

**Mailing Address:** Paediatric Criticon 2008  
Paediatric Intensive Care Unit  
Jaslok Hospital & Research Centre,  
15, Dr. G Deshmukh Marg,  
Mumbai – 400026

Received with thanks sum of Rs \_\_\_\_\_ by cheque / cash, cheque no: \_\_\_\_\_  
from \_\_\_\_\_ towards delegate fees for Paediatric Criticon 2008.

Dr. H K Palaha  
Organising Secretary

Dr. Fazal Nabi  
Organising Secretary