

Registration Form

1st Choice of date:

2nd Choice of date:

First Name :

Surname :

Date of Birth :

Residential Address:

Photo

Name of Institutions

Designation :

Tel No: Mobile :

Office :

Residence:

Email :

Qualifications

Degree	Year	Institution	University

Medical council Registration Details :

Previous Endoscopy Training if any :

Type of Endoscopy procedures presently doing :

Kindly send the demand draft in favour of 'Cochin gynecological endoscopic and infertility training centre' payable at Ernakulam or Bank Transfer.

Bank Transfer details

Account Name : Cochin Gynecological Endoscopic and Infertility Training Centre

Bank Name : State Bank of India -

Branch Name : Kathrikadavu

Account No : 67258728596

IFSC Code : SBIN0018060

Nature of Account : Current Account

Swift Code : SBININBBT40

Bank Address

SBI
 Grand Bay , OPP DD Trade Centre
 KattakaraJunction , Kaloor Kadavanthra Road
 Cochin -682017, Ernakulam

Postal Address

Dr. Paul P.G,
Paul's Hospital, Kaloor, Cochin 682017, Kerala, India
Email: drpaulpg@gmail.com
Ph: 91-484-2344446, 234444

For Applicants within India (Please attach a copy of the following)

- PG Certificate
- Valid Medical Council Registration

For Applicants outside India (Please attach a copy of the following)

- Passport
- Visa
- Medical Registration details
- Report of good standing

Date:

Place:

Signature