

**P.S.G. INSTITUTE OF MEDICAL SCIENCES, COIMBATORE.**

**DEPARTMENT OF PEDIATRICS**

**INTENSIVE CLINICAL TRAINING AND CME FOR POSTGRADUATES**

**26<sup>th</sup> – 29<sup>th</sup> JANUARY 2012.**

**REGISTRATION FORM.**

<b>Name</b>	
<b>Course of study</b>	<b>Diploma / MD/DNB</b>
<b>College / Hospital</b>	
<b>Full Postal Address &amp; Pin Code</b>	
<b>Mobile No.</b>	
<b>e-Mail ID</b>	
<b>Payment details</b>	<b>DD / Cheque No</b> _____ <b>Date :</b> _____ <b>Bank :</b> _____
<b>Signature of Student</b>	
<b>Signature of HOD with Name &amp; College</b>	

**Registration: Cheque / DD for Rs.3050/- drawn in favour of “PEDIATRICS, PSG COIMBATORE” payable at Coimbatore.**

**Address: To be sent to Dr Rajesh N T, Dept of Pediatrics, PSG Hospitals, Peelamedu, Coimbatore-641 004.**