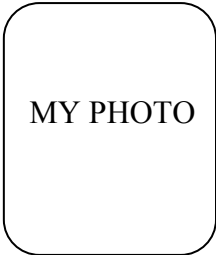


YES, I WANT TO ENROLL

My Name :- Dr. _____

My Preferred Mailing Address :- _____
(Clinic / Residence)



_____ Pin Code : _____

My Tel.No (with STD Code) Clinic:- _____ / _____

My Tel.No (with STD Code) Residence :- _____ / _____

My Mobile :- _____ My E-mail ID:- _____

My Qualification :- _____ My Website :- _____

I am in Academics / Clinical Practice for (in years) :- _____

I am with Organisation / Institute (if any) :- _____

I would like to do the 3 day Hands-On course – AT THANE AT NEW DELHI

Dates for the Hands-on Course :- _____ My MODE OF PAYMENT : CHEQUE / DD / CASH

CONFIRM DATES BY SMS OR A CALL BEFORE SENDING PAYMENT
(OUTSTATION PAYMENTS BY DEMAND DRAFT OR BY AT PAR CHEQUES OR BY CASH ONLY)

For Thane – DD / Cheque in favour of Dr.Rajiv Verma (if DD make it payable at Thane)
For New Delhi – DD / Cheque in favour of GCODE (if DD make it payable at New Delhi)

My CHEQUE / DEMAND DRAFT NO. _____ DATED _____ for Rs. _____

(Rupees _____ Only)

of BANK _____ BRANCH _____

My colleague has recommended this hands-on CDE programme :-

Colleagues Name : _____ Mobile : _____

I have previously attended Dr. Rajiv Verma’s Presentation at _____

Date : _____ My Signature : _____

Kindly fill the form ONLINE or print & courier it to & send an sms of despatch of payment

If Thane - DR.RAJIV VERMA

14A, SHREEJI ARCADE, OPP.NITIN CO; ALMEIDA ROAD, PANCHPAKHADI, THANE WEST - 400602.

www.drrajivverma.com

If New Delhi – GCODE 708, D MALL, NETAJI SUBHASH PLACE, PITAMPURA, NEW DELHI – 110034.

www.gcodeindia.com