**Registration Form**

**CME Program – Essential Soft Skills for Health Care Professionals**

 (Accredited by AP Medical Council with 4 credit Hours)

 **Batch 1: May 26 – 27, 2015 Batch 2: May 29 – 30, 2015**

 (Please Tick *()* the appropriate box for Registration)

 \*Please Fill the Registration form in Block Letters

1. Name of the Participant :

Affix Your Passport Size Photograph

(Capital Letters)

1. Father’s Name :
2. Permanent MC Registration No:
3. Date of Birth [DD/MM/YY] :
4. Gender :
5. Address for Correspondence

 Address Line 1 :

Address Line 2 :

 City :

 State :

 Pin code :

 Country :

1. Mobile No :
2. Email :
3. Nationality :
4. Religion :
5. Qualification :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Examination  | From  | Year of Passing  | College  | University |
| 1 | MBBS  |  |  |  |  |
| 2 | Post Graduation (Specify)  |  |  |  |  |
| 3 | Others (Specify) |  |  |  |  |

**Payment by Demand Draft in favour of “GVK EMRI” payable at Hyderabad** (Registration fee: Rs. 2000/-)

Amount: ........................................................................................................ DD No.: .................................................

Bank: .......................................................................................................................... Date: ..........................................

Online Transaction ID (for NEFT): ...........................................................................................................

**For Online Payment:**

 Account Name                        :           GVK Emergency Management and Research Institute

Bank Name                               :           State Bank of India

Savings Bank Account No     :           30746877560

SWIFT CODE                            :           SBININBB723

IFS Code                                     :           SBIN0011082

Branch                                        :           Kompally

Branch Address                       :           Plot No.8, Ganga Enclave, Besides RR Hospital,

 Opp: Byrraju Foundation, PetBasheerabad, Medchal

 Road, NH-44, Hyderabad – 500 055

I declare the information provided by me is true in all respect and in case any information found to be false, Registration would stand cancelled automatically.

Date: Signature

**Helpline: + 91 9160433323 Email:** **info@emri.in**

**Note:**

1. The participant should submit the print out of the Filled – in online Registration form and Demand Draft Either by:
	1. Scan the Registration form & Demand draft and send it to umamaheshwar\_a@emri.in

The Demand draft need to be posted separately to Mr. Uma Maheshwar Rao, GVK EMRI, Devar Yamzal, Medchal Road, Secunderabad 500 078”

**Or**

* 1. Post or in person to

Mr. Uma Maheshwar Rao (EMLC)

GVK Emergency Management and Research Institute

Devar Yamzal, Medchal Road

Secunderabad – 500 078

Telangana

Tel: 040 – 2346 2600

Mob: +91 9160433323