

Registration Form

Name _____

Speciality _____

Address _____

City _____

State _____

Pin _____

Tel. (Off) _____

(Resi) _____

Fax _____

E-mail _____

Please find enclosed Cheque / DD for

Rs. _____ Dated _____ For

Training Course in

IUI

IVF

USG

Date : _____ Signature _____

Payment should be made in favour of IIRRH