

REGISTRATION FORM
INTERNATIONAL CME 2020
DIGITAL HEALTH AND NON COMMUNICABLE DISEASES

Part A: Personal Details

Title: Prof Dr Mr Ms

Last Name

First Name

Designation

Institution.....

Address

Pin Code..

Phone (Office)

Phone (Residence)

Mobile.....

Email.....

Signature

Part B: Office Use

Receipt Date.....

Registration Status.....

Signature of Official.....