

**REGISTRATION FORM FOR BASIC DERMATOPATHOLOGY COURSE FOR POSTGRADUATES**

Name.....

Speciality:  Dermatologist                       Pathologist

Address.....

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Phone.....Mobile.....

Email.....

Cash/Cheque/Demand draft no. ....

Amount.....

Registration Fee .....

Demand draft in favour of Delhi Dermatology Group, Payable at New Delhi.

Bank transfer details available

Signature..... Date.....

Confirmation of registration will be sent byemail.

Mailing address for Registration form:

Dr. Asha Kubba

Delhi Dermpath Laboratory,

10, Aradhana Enclave, Ring road in RK Puram, Sector 13

New Delhi- 110066.

Tel: 011-24196666,24672222

Email: ashakubba@gmail.com    Mobile: 9810286755