



## SCHOLARS' CONNECT

### NEPHROLOGY PG COURSE 2014

8<sup>th</sup> – 9<sup>th</sup> February 2014,  
Institute of Kidney Disease & Research Centre , Ahmedabad

## REGISTRATION FORM

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

(Please write name you would like to have in delegate badge and certificate)

Tel: \_\_\_\_\_ Fax : \_\_\_\_\_

Mob: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of the Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DM/DNB Batch : 1<sup>st</sup> Year / 2<sup>nd</sup> Year / 3<sup>rd</sup> Year

I want to attend the course as  Participant  Observant

*Please send the registration form to:*

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Signature & Stamp of HOD

Under educational grant from Zydus Nephrosciences