

Registration Submission Form

Last Name :	
First Name :	
Designation :	
Institution :	
Mailing Address :	
Postal Code :	City :
Country :	E-mail :
Telephone :	Fax :

Please check E-mail on regular basis. The registration fee for Doctor is Rs. 2000/- and for Nurses and Paramedics Rs. 1000/-.

Please write your Cheque/Draft No.....

Registration Fee will not be refunded once the registration form is received and endorsed in the Secretariat.

Note : Registration fee is acceptable in the form of DD drawn in favour of "HEATS" payable at Delhi.

I have Read the Rules and will abide by them.

Signature of Candidate: