

FIBREOPTIC AND VIDEO SCOPIC AIRWAY MANAGEMENT COURSE

(Structured 3 Days Training Course)

VENUE: KAILASH CANCER HOSPITAL & RESEARCH CENTRE, MUNI SEVA ASHRAM,
GORAJ, VADODARA

Month (Jan / July) _____ 20____

NAME: _____

AGE: _____ SEX: _____

QUALIFICATION: _____

INSTITUTION: _____

DESIGNATION: _____

POSTAL ADDRESS: _____

_____ CITY: _____ PIN: _____ STATE: _____

MOBILE NO: _____ EMAIL: _____

PAYMENT:

CHEQUE / ONLINE TRANSACTION NO: _____ AMOUNT: _____

DATE: _____ BANK NAME & CITY: _____

REGISTRATION FEES: 15800/- PER PARTICIPANT (For Non-Aidaa Member),

12000/- for (Aidaa Member) Membership No.: _____

CHEQUE IN FAVOUR OF: "All India Difficult Airway Association"

In – Case Online Transfer: Name: All India Difficult Airway Association

Bank A/C No.: 04090100026554 Bank Name: Bank Of Baroda

IFSC Code: BARB00PERAH Branch: Opera House, Mumbai

(SEND ACKNOWLEDGMENT RECEIPT ALONG WITH FORM IN CASE OF ONLINE TRANSFER / CASH DEPOSIT)

SEND FILLED FORM ALONG WITH CHEQUE:

Kind Attention: **HR Department,**
KAILASH CANCER HOSPITAL & RESEARCH
CENTRE, MUNI SEVA ASHRAM, 12-BLUE CHIP
COMPLEX, OPP. PARSI AGIYARI, RAJSHREE CINEMA
ROAD, SAYAJIGUNJ, VADODARA – 390005,
PHONE: +91-265 -3961300

ALSO EMAIL SCANNED APPLICATION FORM AND CHEQUE TO: hr@greenashram.org, airway@greenashram.org

- CONFIRM AVAILABILITY OF SEAT WITH COURSE COORDINATOR BEFORE MAKING REGISTRATION
- ONCE CONFIRMED APPLICATION SHALL NOT BE REFUNDED
- **REQUIRED DOCUMENTS: ID PROOF, 2 PASSPORT SIZE PHOTOS, MD DEGREE CERTIFICATE**
- **YOU WILL GET CONFIRMATION OF YOUR REGISTRATION AGAINST RECEIPT OF PAYMENT ONLY.**

FOOD & ACCOMMODATION ARE COMPLIMENTARY