

CARDIOLOGY MASTERCLASS

Clinical Grand Rounds and Journal Clubs

PARTICIPANT ENROLLMENT FORM

Mandatory Fields*

Name (IN BLOCK LETTERS)*		
<input type="text"/>		
MOBILE NUMBER*	EMAIL ADDRESS* (IN BLOCK LETTERS)	
<input type="text"/>	<input type="text"/>	
GENDER*	Male	Female
TRAINEE CARDIOLOGIST (Tick the appropriate)*	DM	DNB
PRACTISING CARDIOLOGIST (Tick the appropriate)*	Private	Government
TEACHING AFFILIATION (Tick the appropriate)*	Yes	No
PLACE OF WORK		
<input type="text"/>		
CURRENT DESIGNATION		
<input type="text"/>		
QUALIFICATION*		
CATEGORY	INSTITUTION/UNIVERSITY	YEAR OF STUDY
DM	<input type="text"/>	1st Year 2nd Year 3rd Year
DNB	<input type="text"/>	
Any other, please specify	<input type="text"/>	
Total Years of Clinical Experience		
<input type="text"/>		
Your Expectations from this Training		
<input type="text"/>		

MENTION YOUR FEE DETAILS*	
Mode of Payment	<input type="text"/>
Bank Name & Branch	<input type="text"/>
Account Details / UPI No.	<input type="text"/>
Date of Transaction (DD/MM/YYYY)	<input type="text"/>

NEFT PAYMENT DETAILS (INR 3,000)

In Favour of	Public Health Foundation of India
Bank Name	HDFC Bank
Branch Address	B 6/3, Safdarjung Enclave, opposite Deer Park, New Delhi 110029
Account Number	50100253069106
IFSC Code	HDFC0000503

Checklist of attachments with this application form (Please tick):	
1.	MCI/State Registration Certificate
2.	DM, DNB (whichever is applicable, please attach all if, applicable)

DECLARATION BY THE APPLICANT

I, hereby, declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information provided by me is found false, my candidature may be rejected at any point of time.

NAME (IN BLOCK LETTERS):

DATE:

SIGNATURE:

Upload PDF file of your signature only

Please mail this form along with the payment receipt & required documents to:

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