



INTERNATIONAL SEMINAR ON AYURVED & CARDIAC DISORDERS

Registration Form

Name: Dr. _____

Address: _____

Date of Birth: _____ Sex: _____

Nationality _____

Category: Physician / Student / Others _____

Designation: _____

Institute/Organization: _____

DD no: _____ Dated: _____

Drawn from: _____ bank

March 12th & 13th, 2010

Dr.D.Y.Patil College of Ayurved & Hospital & Research Institute ,
Sector: 07, Nerul -East, Navi Mumbai., Maharashtra,
India. Pincode: 400 706