

CERTIFICATE COURSE ON AYURVEDIC DRUG STANDARDIZATION

Department of Infectious Diseases,
Maharashtra University of Health Sciences &
University of Mumbai

Tel/ Fax: 022-24142101 , E-mail: iddmuhs@gmail.com



REGISTRATION FORM

Please print and return by post/e-mail/ fax.

Registration form available on www.muhsnashik.com

Address: Department of Infectious Diseases, Ward no. 24, 2nd floor, New multi storey building, KEM Hospital, Parel, Mumbai - 12.

Duration : 5th -10th April , 2009

Venue: Health Centre, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai-400098

Form No. :

Name:

Age:

Sex: M/F

Organization:

Designation:

Address:

Email id:

Telephone No.:

Mobile _____

Office _____

Residence _____

Fees:

Academia personnel

Rs. 2500/-

Industry personnel

Rs. 5000/-

Student should submit the letter confirming their student status duly signed by their head of department / Equivalent or Xerox copy of identity card

Payment Mode

DD

Cash

If paying by Demand Draft:

DD No. _____

Date

(DD in favour of 'The Registrar,
Maharashtra University of Health

Amount _____

Sciences payable at Nashik'

Bank Name -