



## Early Management of Trauma Course (EMTC)

Department of Accident and Emergency Medicine

Christian Medical College, Vellore 632 004

### Registration Form

Registration Fee: Rs. **Two Thousand Five Hundred Only** (Rs. 2,500/-)

Crossed Demand draft in favour of "**Trauma Workshop Fund**", payable at Central Bank of India, Vellore 632004. Print this page, enclose the draft along with it and mail it to the address given below by Courier.

Name in full			
Age	Sex: M / F	Telephone No.:	Veg. / Non-veg.
Present Designation and Current employer			
Email – <b>All correspondence by email only</b> , unless specifically requested.			
Postal Address for mailing the Course Manual			
<b>Payment</b>	DD no.....Amount..... Dated.....drawn on Bank		
<b>Arrival and Departure</b> Arrival date and time: Departure Date and time:			
Signature			

Address the enclosures to:

Prof. Suresh S. David MS (Surg) M Phil FACEM

Accident and Emergency Medicine

CMC Hospital, Vellore 632 004