



# Early Management of Trauma Course (EMTC)

Department of Emergency Medicine  
Christian Medical College, Vellore 632 004

## Registration Form

Registration Fee: Rs. Three thousand only (Rs. 3,000/-)

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 – All correspondence by email only, unless specifically requested. <b>PLEASE WRITE IN CAPITAL LETTERS</b>			
Postal Address for mailing the Course Manual			
Payment	DD No.....Amount..... Dated.....drawn on Bank.....		
Signature			

Address the enclosures to:

The Secretary  
Early Management of Trauma Course  
Dept. of Emergency Medicine  
Christian Medical College, Vellore 632 004