



# Registration Form

## 18th Delhi course on Neurointervention

21 - 24 May 2023

Name: .....

Qualification: DM (neurology) / MCh (Neurosurgery) / DM (Neuroradiology) / other (specify)  
(please tick appropriate)

Designation:  
Practicing Neurointerventionist / Fellow / Resident (please tick appropriate)

Department & Institute:  
.....  
.....

City .....

Address for Correspondence: .....

City -----Postal code-----

Email address: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Names of Referee-1 .....

Referee- 2 .....

Demand Draft No./ NFT transfer \_\_\_\_\_

PAN CARD NO. ....

Date

Signature

Please send registration form along with registration fee (demand draft) along with two reference letters and a CV to Course Director at following address.

Dr. Shakir Husain Hakim  
A15-Platinum Crescent Apartments  
Bank Road, Calicut -673001 (Kerala)