



REGISTRATION FORM FOR ASSM COURSE

1- PERSONAL DETAILS

Name

Age

Gender

Address

Telephone no

Email id

Qualifications

Current position

Date and Venue

2 – PAYMENT DETAILS

Registration fee –

- DD
- Electronic Transfer to Bank Account
- Cash

DD No. / Electronic Transfer no.

Date

Bank

Note :

1-DD in favour of "Ace School Of Sleep Medicine" payable at New Delhi.

2-Electronic Transfer details:-

NAME- ACE SCHOOL OF SLEEP MEDICINE

A/C NO. – 1747928
BANK – RATNAKAR BANK
BRANCH –M-6, GROUND FLOOR, HAUZ KHAS, NEW DELHI –110016
IFSC CODE – RATN0000141, SWIFT CODE – RATNINBB

3-DD you can Email or post to – Dr. Manvir Bhatia, L-23, Hauz Khas Enclave, New Delhi-110016, Ph.01146070321

4-Registration Form may be filled and sent to info.assm@gmail.com. Original receipt along with delegate kit will be given at registration counter.