

Email:	
Full Name:	
Username (Email id):	
Password:	Confirm Password:
First Name:	
Last Name:	
Degree:	
Designation:	
Current Work Place:	
Professional Work Experience (No. of years):	
Mobile:	Tel. No.:
Address:	
Country:	Zip Code:

I would like to participate: (Select the appropriate fee option)

- Rs. 1,00,000 (USD 1500) + 18% GST – For online course
- Rs. 1,25,000 (USD 1750) + 18% GST – For online course along with request for print copies of modules and DVDs of video lectures

Special offer code  GST No. (If applicable)

I enclose my cheque / DD no: \_\_\_\_\_ drawn on \_\_\_\_\_ Bank \_\_\_\_\_ Branch,  
dated \_\_\_\_\_ for Rs. \_\_\_\_\_.

- I hereby declare that the information provided is correct, and also agree to all terms and conditions that govern this course.

**Please Note: The doctor registered for the course in a particular month will have access to the course in the subsequent month. For example if the doctor has registered himself in the month of September, then he will be able to access the course in the month of October.**

Signature \_\_\_\_\_

Print and duly fill in the requisite details and send the form with your payment towards the program fee.

The pay order should be in favour of **'Hansa Vision India Private Limited'**.

To The Program Manager,

Hansa MedCell at Building "A" Sahney Business Centre, 27 Kirol Road, Vidyavihar (W), Mumbai - 400086.

Phone : +91 98203 62089, +91 88793 80011, +91 97689 05868

Hours : Monday – Friday 10:00 am to 5:00 pm (IST)

Email address : hcpd@hansamedcell.in