

THORACOSCOPY AND PLEURAL TECHNIQUE WORKSHOP (13<sup>th</sup> – 17<sup>th</sup> APRIL, 2020)

REGISTRATION FORM

1. Name : \_\_\_\_\_

2. Qualification : \_\_\_\_\_

3. Designation : \_\_\_\_\_

4. Name and Address of Hospital(you work):

\_\_\_\_\_

\_\_\_\_\_

5. E-mail : \_\_\_\_\_

6. Phone number : \_\_\_\_\_

7. Address for correspondence:

\_\_\_\_\_

\_\_\_\_\_

8. Applying for

a. 2 days workshop

b. 5 days course

9. Are you doing Thoracoscopy at your centre?

YES  NO  Planning to start soon

If not doing, exposure to Thoracoscopy-

a. <10

b. 10-20

c. >20

10. Are you using Ultrasound Chest in your Clinical Practice? YES  NO

11. Food preference- Veg / Non-Veg

**PAYMENT DETAILS:**

Please attach a DD in favour of "CMC Vellore Association" payable at Vellore.

Demand draft no:

Date:

Issued by Bank:

**Send to:**

Dr. Richa Gupta, Professor  
Prof. & Head Respiratory Medicine,  
Christian Medical College,

Vellore-632004

Signature of Participant