



Mahatma Gandhi Mission's
MOTHER TERESA COLLEGE OF NURSING

STATE LEVEL CONFERENCE ON

CRITICAL CARE NURSING

“CRITICAL CARE NURSING A STEP TOWARDS QUALITY PATIENT CARE”

Registration Form

Name of the Delegate : Dr./Mr./Ms.....

.....

Designation :.....

Institution with Address:.....

.....

.....

Tel./ Mob. No :.....

E- mail ID :.....

Category of Delegate : UG/PG/Faculty/Staff Nurse/ Nurse Adm.

Accommodation Preferred: At Nominal Rate/At Hotel

If Hotel Mention the Name:.....

Type of Accommodation: AC/ Non-AC

No. of Rooms Required :

Date:

Place: Signature of Delegate

Note: Details of registration and contacts as given in the leaflet.



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