



1st Basic Pediatric Intensive Care Course (BPICC)

Department of Pediatrics
All India Institute of Medical Sciences, Patna



Registration Form

*Please print clearly / write in capital letters

Name: _____

Date of Birth: _____

Sex: _____

Designation: _____ (Postgraduate trainees kindly mention year also)

Department: _____

Institute / Hospital: _____

Corresponding Address: _____

Phone number: (m) _____ (L) _____

Email ID: _____

Course	Course Registration Fee	Date	Maximum number of participants
1 st BPICC	Rs. 3000/-	May 9-10, 2015	40

Course details: Target Audience is pediatricians, pediatric practitioners and pediatric trainees. The registration fee for this two day course involves posting of course material for pre-reading and pre-course preparation, hospitality and travel costs of the faculty.

Demand Draft in favour of **PEDIATRIC CRITICAL CARE** (A/c No. **579310110004184**; IFSC: **BKID0005793**) payable at **Bank of India, Patna** should reach at least 6 weeks before the course date at the below-mentioned address. In case of online transfer, the challan must be submitted along with the registration form.

Issuing Bank: _____ **Date:** _____ **Branch:** _____

Correspondence Address:

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