

(FILL IN CAPITAL LETTERS ONLY)

EVOLUTIS SHOULDER ARTHROPLASTY CADAVER COURSE

1st Floor, Directors Quarters, L. B. S. Marg, Mulund (west), Mumbai - 400 080. (India)

Tel : 022-21649338 • Fax : 022-1649336

Email id : evolutiscourse@evolutisindia.com • Website : www.evolutisindia.com

I would like to be considered for a seat in the Evolutis India Pvt. Ltd. Shoulder Arthroplasty Cadaver Course to be conducted at M. S. Ramaiah Advanced Learning Center, Bengaluru on July 22nd & 23rd, 2017.

DD No.

Bank Name

Date of Issue DD

Amount (₹)

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in the name of **Evolutis India Pvt. Ltd.** Course payable at Mumbai as registration fees. Registration forms attached along with cheque / DD will be considered final.

I would like my name to be written on the course completion Certificate as:

[illegible]

PERSONAL DETAIL

Given Name :

[illegible][illegible][illegible]

Telephone No. (with STD Code)

Mobile No.

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[illegible][illegible]

Telephone No. (with STD Code)

Fax No. (with STD Code)

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[illegible]Working experience Years

Last date for receipt of application : June 30th, 2017

CHECKLIST FOR APPLICATION

☐ Duly filled application form.

☐ A Demand draft / Cheque of ☐ ₹ 5000/-, ☐ ₹ 10000/-, ☐ ₹ 15000/- payable at Mumbai in favour of **Evolutis India Pvt. Ltd. Course**

Important : Only fully completed application forms with attested copy of certificates & full course fee will be considered & processed.

All registrations will be first come first served basis