

Dr. M. L. Dhawale Memorial Trust, Mumbai &  
Dr. Ashwini Nene School of Integrated Health Research,  
Deenanath Mangeshkar Hospital, Pune

SEMINAR ON RESEARCH METHODOLOGY IN HOMOEOPATHY  
18<sup>th</sup> & 19<sup>th</sup> April 09

Registration Form

Name: \_\_\_\_\_  
(Surname) (Name) (Father's/Husband's name)

Age: \_\_\_\_\_ Years Sex: Male/Female Qualifications: \_\_\_\_\_

Designation: Teacher/ Practitioner / Student: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

Address of College / Hospital / Dispensary: \_\_\_\_\_  
\_\_\_\_\_

Telephone no. with STD code: Res. \_\_\_\_\_ College/Clinic: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

Date: \_\_\_\_\_ Signature

Venue: 'Saudi Bhavan Kaksha' Auditorium, Deenanath Mangeshkar Hospital,  
Erandwane, Pune

Fees: by DD/Cash to "Dr. M. L. Dhawale Memorial Trust" payable at Mumbai or  
Pune

**Payment details:**

DD No. \_\_\_\_\_ Date: \_\_\_\_\_ Name of Bank & Branch: \_\_\_\_\_

**For details contact: Dr. Prashant Tamboli**

09322283197

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[www.mldtrust.org](http://www.mldtrust.org)

**Note:** You can download this form & register through email