



**A U T H O R I Z E D T R A I N I N G C E N T E R**

**Spectrum Medical Education & International Training Center**

**REGISTRATION FEES: ₹ 7,500/-**

**Please note that it is mandatory to provide all the information. Please fill in all fields in CAPITAL LETTERS**

Cheque or DD's to be made A/C payee and in the name of '**Spectrum Medical Education**'  
Kindly mail the registration form along with the cheque/DD to any one below address.

**Dr. Amit Chitaliya**

Pediatric Intensivist & Bronchoscopist

Room No 20, Ground Floor

CIMS hospital, Nr. Shukan Mall

Off Science City Road, Sola, Ahmedabad-380060.

**Dr Manoj Singh**

Room no.31,

Apollo Hospitals Int. Ltd.

Bhat GIDC Indu. Estate, Bhat,

Gandhinagar 382428.

Full Name \_\_\_\_\_

Qualification \_\_\_\_\_

Resi. Address \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone (STD code) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Payment Details**

₹ \_\_\_\_\_ ₹ in word : \_\_\_\_\_

DD/Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ Bank : \_\_\_\_\_

For NEFT fund transfer  
for registration please  
note the bank details

**Spectrum Medical Education**

A/C NO. 200420110000758

IFSC : BKID0002004.

Bank of India, Ellisbridge Branch, Ahmedabad

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

Forms can be downloaded from [www.spectrumcriticalcare.com](http://www.spectrumcriticalcare.com)  
For further details please write to us [spectrummaha@gmail.com](mailto:spectrummaha@gmail.com)