



PAKISTAN SOCIETY OF
CARDIOVASCULAR & THORACIC SURGEONS

ANNUAL CONFERENCE

REHMAN MEDICAL INSTITUTE 2016

Registration Form

Name: _____

Qualification: _____

Postal Address: _____

City: _____

Mobile No.: _____ Telephone No.: _____

Email: _____ Fax: _____

Registration as: Consultant / Physician Trainee / Perfusionist Nurse / Student

Total Payable Amount: _____ Online Deposit Crossed Cheque

Enclosed Cheque/DD: Yes No

Date: _____

Signature: _____

To register take a print of this form, fill it and courier it on below mentioned address along with a crossed cheque in favor of **“Rehman Medical Institute Pvt. Ltd.”** as per your category.

OR

Deposit cash online into the following account & courier us this form (duly filled) along with a copy of the receipt on the address mentioned below.

Bank: NIB Hayatabad Peshawar

Account Title: Rehman Medical Institute Pvt. Ltd.

Account No.: 4963032

Branch Code: 5302

Terms and Conditions:

Fee Structure: Consultant / Physician Rs. 5,000/- Trainees / Perfusionists Rs. 2,000/- Free for Nurses and Students

Please fill this form and mail to the following address:

REHMAN MEDICAL INSTITUTE

5/B-2 Phase - 5 Hayatabad Peshawar Pakistan.

Email: register@pscvt.s.pk | info@pscvt.s.pk

Tel: +92-91-5838000 (Ext. 3030) | Fax: +92-91-5838333





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Abstract Submission Form

First Name: _____

Last Name: _____

Institution: _____

Cell Number: _____

Email: _____

All Authors: _____
(Complete Name)

Abstract Title: _____

Abstract:

Submit your abstract Submission Form by
OCTOBER 25th 2016 to
Dr. Kashif Anwar
Chairman Scientific Committee
kashif.anwar@rmi.edu.pk

Please fill this form and mail to the following address:
REHMAN MEDICAL INSTITUTE
5/B-2 Phase - 5 Haytabad Peshawar Pakistan.
Email: register@pscvt.s.pk | info@pscvt.s.pk
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