



Kerala Institute of Medical Sciences
Thiruvananthapuram, (Trivandrum) 695029
Kerala, India

MRCP PACES CLINICAL COURSE
October 2012 Course Application Form
(Please enter your name and address below in Block Letters)

Name:

Address:

.....

.....

Email:

Current Hospital:.....

Telephone:

Country:

I enclose a cheque / DD payable to:

Cheque/ DD number, date:

Amount :

I confirm that I have read and accept the terms and conditions.

Signed:.....

Dated:.....