



## Foundation for Education in Rhinology and Otolaryngology



### Registration Form: Middle Ear & Mastoid Surgery

Name	<input type="text"/>
Contact Number	<input type="text"/>
Email ID	<input type="text"/>
Mailing Address	<input type="text"/>
Designation	<input type="text"/>
Name of Hospital	<input type="text"/>

### Payment Details:

Consultant	₹. 5,000/-
PG Student	₹. 3000/-
DD / Cheque Number	<input type="text"/>
Date	<input type="text"/>
Bank Name	<input type="text"/>

### Online Transfer Details:

Bank Name	<input type="text"/>
Transaction ID	<input type="text"/>

Please courier/ mail this registration form with the copy of Cheque or details of online transfer to below contact details.

### For Queries:

**Phone:** +91-9891918742, +91-9810121977

**Email:** info@thefero.org

**Address:** Dr. Shalabh Sharma

E 14/4 b, Vasant Vihar, New Delhi 110057

### **\*Note:**

- DD/ Cheque should be in favor of "Foundation for Education in Rhinology and Otolaryngology".
- Bank Details for Online Transfer is below:
  - Bank Name: Union Bank of India, Kirti Nagar, New Delhi
  - Account Number: 532201010036687
  - IFS Code: UBIN0553221