

All India Institute of Medical Sciences, New Delhi, K.L. Wig Centre for Medical Education & Technology

Registration Form for attending CMET Workshops

Name		Design.	
Department			
e-mail		Tel No. (O)	
		Mobile	
Name of the workshop(s) you wish to attend, and Code no. Please refer to the list			
Signature and Date		Endorsement By HOD	

Kindly return the registration form to CMET secretariat. In case the participants are shortlisted, the applicant will be informed in advance.

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