

SPECTRUM MRCOG PART 3 COURSE



Date: April 6-7, 2019

Venue: Spectrum Clinic & Endoscopy Research Institute
6A, Neelamber. 28B, Shakespeare Sarani, Kolkata-700017

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REGISTRATION FORM

Some information is mandatory and some will help us designing the programme, taking a personalized approach and doing internal audit. Everything will be confidential and not be shared with anyone.

Please download the form, fill it up in MS word and e-mail us as attachment.
You may convert to pdf if you desire so.

Name	
Qualification	
Country of Practice	
State (If from India)	
Year of passing MRCOG Part 2	Please mention the year / I Don't want to divulge
Which Part 3 Exam you plan to appear in	May 2019 / November 2019 / Later on/ I Don't want to divulge
How long have you been preparing for Part 3	Please Mention the months / I Don't want to divulge
Whether appeared in part 3 previously	Yes/ No/ I Don't want to divulge
Current Affiliation	
Address	
E-mail	
Phone No	
Date of Bank Transfer	
Document of NEFT attached	Yes / No
Choice of food	Vegetarian / Non-Vegetarian