



**SIR GANGA RAM HOSPITAL**  
New Rajinder Nagar New Delhi -110060

**9<sup>th</sup> Certificate Course for Nurses in  
HOSPITAL INFECTION CONTROL  
Theme: "Time for Nurse Empowerment"**

**Date: 13/7/16 to 15/7/16**

**Registration Form**

1. Name: (in Block Letters): \_\_\_\_\_  
Age \_\_\_\_\_ Experience in years \_\_\_\_\_  
Contact Number \_\_\_\_\_ email address \_\_\_\_\_

2. Designation and Address of the Institution you are working:

\_\_\_\_\_  
\_\_\_\_\_

3. Professional Qualification: \_\_\_\_\_

4. Please indicate how your present certificate course is being supported:

a. Deputed by: \_\_\_\_\_

b. Self financed: \_\_\_\_\_

b. Any Other source: \_\_\_\_\_

5. Registration fees-Rs 1500/- per participant (Lunch & tea will be provided)

Cash/ DD No \_\_\_\_\_ dated \_\_\_\_\_

In favor of **Sir Ganga Ram Hospital** payable at Delhi.

(No Outside cheque will be accepted)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the participant