

# Invitation

to the

## **MOCK OSCE ENT**

for DNB Residents / Post Graduates

on 25<sup>th</sup> of October 2015

(Number of participants is limited to 50)

### Venue:

**MAA ENT Hospitals,**  
1st floor, Shanthi Shikara Complex,  
Raj Bhavan Road, Somajiguda,  
Hyderabad -500082, India.

**Prof. Achal Gulati**

Chief Guest Faculty

**Dear Colleagues,**

MAA ENT Super specialty Hospitals has always been the forerunner in setting the high standards of medical care to its patients. The former has set the new scales in conducting the live surgical workshops and conferences to pass the modern ENT clinical practices to the younger generation.

As a part of such ongoing process, we are pleased to invite you to the MOCK OSCE ENT on 25th of October 2015 for the benefit of young colleagues who are aspiring to appear for DNB practical examination.

We sincerely hope that the participants would be benefited and the time spent here would aid to get acquaintance to the OSCE examination.

**Dr. A. Satya Kiran**

Organising Secretary

Mobile : +91 9963 473 829

email id: drsatyakiran@maaent.com

**Dr. K. R. Meghanadh**

Organising Chairman

### **MOCK OSCE ENT**

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#### **Program Schedule**

07:00 - 07:30 am	Registration
07:30 - 08:00 am	Breakfast
08:10 - 10:30 am	OSCE (Batch 1)
10:30 - 10:40 am	Break
10:40 - 01:00 pm	OSCE (Batch 2)
01:00 - 01:30 pm	Lunch
01:30 - 04:30 pm	Practical Examination (Case Discussion)
04:30 - 05:00 pm	Interactive session with faculty
05:00 - 05:30 pm	Vote of Thanks & Tea

## Registration Form

Name: .....

Age: ..... Sex: ..... Contact No.....

E-mail id: .....

Address : .....

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**Registration Fee: Rs. 2000/- only**

**\*Spot registration** subject to the availability of slots

The Registration fee includes the participation into OSCE and practical examination, working lunch and tea. The participant is requested to arrange his/her own arrangements for accommodation.

**Mode of Payment:** At par payable Cheque / Wire Transfer / Demand Draft

**Last date of payment :** 18-10-2015

**Cancellation Policy :** on or before 18-10-2015 - 90% refund  
After 18-10-2015 - No refund

\* Cheques / DD's should be drawn in favor of MAA RESEARCH FOUNDATION. Such payments should reach the MAA ENT Hospitals address well before the last date of payment.

**\*\* For Wire Transfer:**

Account Name	:	<b>MAA RESEARCH FOUNDATION</b>
Account No.	:	00212000028221
Bank Name & Address	:	<b>HDFC BANK LTD,</b> 6-1-73, Ground & 3 <sup>rd</sup> floor, Saeed Plaza, Lakdikapool, Hyderabad - 500004, India.
SWIFT Code	:	HDFCINBB
NEFT Code	:	HDFC0000021

Important: Kindly mention your name & place in the column narration if you are using Wire Transfer.

Kindly contact Organising Secretary by e-mail or phone in case of any query.