



Invitation



to the

MOCK OSCE ENT

for DNB Residents / Post Graduates

on 12th of November 2017

(Number of participants is limited to 50)

Venue:

MAA ENT Hospitals,

*Auditorium 1st floor, Road No.36,
Jubilee Hills Check post, Hyderabad-500033*

Faculty

Dr. M. Vijaya Kumar

Dr.K.Dwarakanath

Dr. S. Rama Krishna

Dr. Venkat Ram Reddy .N

Dr. K.R. Meghanadh

Dr. Benjamin Raj Kumar

Dr. M. Kiran

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 **12th of November 2017** 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. K. R. Meghanadh
Organising Chairman

Dr. Neha. B

Organising Secretary -1
Mobile : +91-7337362685
email id: drneha@maaent.com

Dr. Amitava Roy

Organising Secretary - 2
Mobile : +91-7337362681
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Dr. P. Santhosh kumar

Course Coordinator
Mobile : +91-7337362683

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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: 1500/- (including 18% GST) Only upto 9th November 2017; Spot Rs:2000/- (including 18% GST) 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 requested to bring own instrumentslike tuning fork, otoscope etc..

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

Cancellation Policy: No Refund

* Cheques / DD's should be drawn in favor of MAA HOSPITALS PVT. LTD., Such payments should reach the MAA ENT Hospitals address well before the last date of payment.

*Kindly mail the details of payment made to the organising secretary who will in return confirm registration number.

**** For Wire Transfer:**

Account Name	:	MAA HOSPITALS PVT. LTD.,
Account No.	:	00212020001035
Bank Name & Address	:	HDFC BANK LTD, 6-1-73, Ground & 3 rd 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.