



# INDIAN PODIATRY ASSOCIATION

## DIABETIC FOOTCARE - PODIATRY COURSE

### REGISTRATION FORM

Name .....

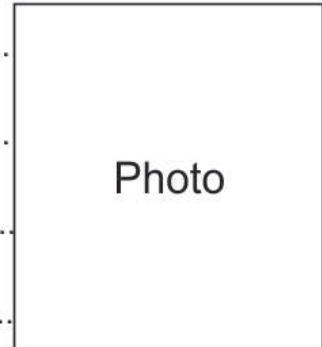
Age ..... Sex .....

Address .....

E-mail .....

Tel. .... Mob. ....

Qualification .....



***Proposed Dates of 2019 (Please tick the date witch you want to attend) :***

- **May - 25th & 26th - (Delhi)**
- **July - 20th & 21st - (Delhi)**
- **Sep - 21st & 22nd - (Delhi)**

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Please complete and return the form with your payment by D.D. / Cheque in favour of "Indian Podiatry Association"

**Course Fee 1000 USD Dollar (One thousand USD Dollar only)**

Please send registration form to :

**DR. A. P. S. SURI**

President - Indian Podiatry Association

**DIABETIC FOOT CARE & WOUND CARE CENTRE**

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New Delhi - 110028

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