**REGISTRATION FORM**

Name:……………………………………………………………………………………………………………………

Postgraduate Program:MD/DNB/DMRD:………………………………………………………………

Year of Study…………………………………………………………………………………………………………

Institution:……………………………………………………………………………………………………………

E-Mail ID:………………………………………………………………………………………………………………

Contact No:……………………………………………………………………………………………………………

Please use the link to Register ..www.gems.edu.in/cmes/

