

# Dr. Khanna Nursing Home

डा. खन्ना नर्सिंग होम  
217, Sarai Peepal Thala, Adarsh Nagar,  
Main G. T. Road, Delhi-33

**24 Hours Emergency**  
(Specialist Service Available)

Name ..... Age ..... Sex .....  
Ref. by Dr ..... Date .....

## To Whom

**Subject: Acceptance of invitation**

Dear Sir,

We wish to participate at M  
as on December 5-7, 2008 at Prag  
Invitee" at the event. We shall be ve

I along with my institution  
happening conferences. Please do

Wish you all the best for the eve

Sincerely,

.....  
Sign & Stamp **Dr. Khanna**  
**217, Sarai Peep**  
**Adarsh Nagar**

Title **DA** ..... Full Nam

Designation **DIR**

Institution **KHANNA NURSING**

Contact Details **217, SARAI PEEPAL THALA**  
**ADARSH NAGAR MAIN G.T. ROAD ND-33**

Phone No. (1).....(2).....(3) **27692039**

Fax..... Mobile.....

E-Mail..... Web.....

No. of Beds in institution **8 Beds**

Any future expansion plans **Yes**

Any in-house pharmacy in hospital **No**

if yes, tick mark the relevant option : Private  Hospital Owned

**FACILITIES AVAILABLE :**  
Delivery M.T.P. • Surgery • Laproscopic • Surgery  
Gall Bladder • Crthopaedics • Plastic • Surgery  
Paediatrics • X-Ray lab. E.C.G.  
Ultrasound Scan • Phototherapy