

Dr. A. LALCHANDANI  
M.D. (Path)

(O) : 29849764  
41721982  
Mobile : 9811157559

**To Whomsoever ]**

**DIRECTOR** - C.P.C. Blood Bank and  
Dr. A. Lalchandani Pathology Laboratories  
(ON CGHS PANEL)

**VICE PRESIDENT** - Indian Association of Blood Banks

**VICE PRESIDENT** - Indian Society for Apheresis

**Subject: Acceptance of invitation for Medifest**

J-36 Lajpat Nagar-II, New Delhi-110 024 (INDIA)

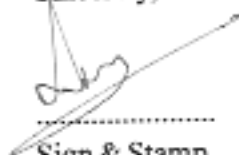
Dear Sir,

We wish to participate at Medifest, premier medical & healthcare trade event, scheduled as on December 5-7, 2008 at Pragati Maidan, New Delhi and accept the invitation as "Special Invitee" at the event. We shall be very pleased to join the session.

I along with my institutional members aspire to be at Medifest along with its concurrent happening conferences. Please do issue us the pre-registered delegate passes for our visit.

Wish you all the best for the event!

Sincerely,



Sign & Stamp

Title.....*Dr.* Full Name.....*A. LALCHANDANI*

Designation.....*DIRECTOR*

Institution.....*Dr. A. Lalchandani Pathology Laboratories*

Contact Details.....*J-36 - Lajpat Nagar - II ND-110024*

Phone No. (1).....*29849764* (2).....*41721982* (3).....

Fax..... Mobile.....*9811157559*

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

No. of Beds in institution .....

Any future expansion plans .....

Any in-house pharmacy in hospital .....

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

To serve you better, kindly handover this filled form either by mail/fax/post or by hand at :  
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