

(Hony.) Brig. Anil Kofli

B.D.S., M.D.S. (I.I.), F.D.S., F.C.S. (Eng.), D.N.B.E. (USA)  
Endodontist & Dental Surgeon

To Whomsoever

AWARDEE

• Padmashri • Padmabhushan • Dr. B.C. Roy Award

**Subject: Acceptance of invitation for Medife**

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 SONI'S

Designation..... DIRECTOR

Institution..... DR. SONI DENTAL CLINIC

Contact Details..... 28-29 LALAJPAT RAI MARG

IASPAT NAGAR - III ND - 24

Phone No. (1) 29844476 (2) 29844475 (3) 29845500

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

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

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