



Kolmet Hospital

&

Medical Research Centre

DD/MM/YYYY

Whoever It May Concern

e-mail : cschamkani@hotmail.com

7-B, PUSA ROAD, NEW DELHI-110005
Phone : 45099999 Fax : 011-45099998

for Medifest

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,

S. Mishra

Sign & Stamp

Title Dr Full Name Suman Kumar Mishra

Designation.....

Institution..... KOLMET HOSPITAL

Contact Details..... 7-B PUSA ROAD, NEW DELHI-110005

Phone No. (1) 4509999 (2)..... (3).....

Fax 011-45099998 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

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