



Dr. SANJAY KHANNA
M.B.B.S., M.S.
DIRECTOR

To Whomsoever



KHANNA EYE CENTRE

OCULAR ULTRASOUND & LASER THERAPY CENTRE

Subject: Acceptance of invitation for Medif

A-2/2, Model Town, Delhi-110009
Tel. : 27228674, 27244290, 27224582 (M) 9810067048

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, **Dr. SANJAY KHANNA**
M.B.B.S., M.S.
Ophthalmic Surgeon

Sign & Stamp

Title Dr. Full Name SANJAY KHANNA

Designation DIRECTOR

Institution KHANNA EYE CENTRE

Contact Details A-2/2, MODEL TOWN, DELHI-9

Phone No. (1) 27228674 (2) 27244290 (3) 27224582

Fax _____ Mobile 9810067048

E-Mail _____ Web _____

No. of Beds in institution 5

Any future expansion plans Yes

Any in-house pharmacy in hospital No

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 :
Vantage Trade Fairs (P) Limited : 23/21A, East Patel Nagar, New Delhi-110008 (India)
Telefax : +91-011-45050866
Mail at : info@vantagetradeairs.com