

KUBER HOSPITAL

**&
DR. MEENAKSHI MATERNITY CENTRE**
(A UNIT OF DHEERAJ HOSPITAL P. LTD.)
Recognised by Govt. of Delhi
Estd. 1992

To Whomsoever It May Concern

Subject: Acceptance of invitation 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,


Sign & Stamp
Kavita Sham Shukla
Consultant Surgeon

Title Dr Full Name KAVITA SHAM SHUKLA
Designation DIRECTOR
Institution KUBER HOSPITAL
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DELHI-34
Phone No. (1) 27188931 (2) 27193246 (3) _____
Fax _____ Mobile _____
E-Mail _____ Web _____
No. of Beds in institution 15
Any future expansion plans _____
Any in-house pharmacy in hospital Yes
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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