

DR. (MRS.) ACHLA KUMAR  
Pathologist

To Whomsoever

MODEL TOWN DIAGNOSTIC CENTRE

G-3, MODEL TOWN PART-I, (NEAR TAGORE PARK), DELHI-9  
PHONE : 27240847 27210984 FAX : 27248459  
MOBILE : 9811615096

**Subject: Acceptance of invitation for Medi**

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,

Model Town Diagnostic Centre



Sign & Stamp

Prop.

Title..... Dr. Full Name..... (Mrs) ACHLA KUMAR

Designation..... DIRECTOR

Institution..... MODEL TOWN DIAGNOSTICS CENTRE

Contact Details..... A-3, MODEL TOWN, PART-I,  
DELHI-9

Phone No. (1)..... 27240847 (2) 27210984 (3)..... 27248459

Fax..... 27248459 Mobile..... 9811615096

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

No. of Beds in institution..... N.A.

Any future expansion plans.....

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)  
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