

To Whomsoever

NANDA DIAGNOSTIC CENTRE
Where Quality is a way of Life

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DR. R. Nanda
9810021413

ED-9A & 31A, MADHUBAN CHOWK,
PATAM PURA, DELHI-88
Tel: 27319673, 27316237, 27316000, 27315040

Subject: Acceptance of invitation for Medifest

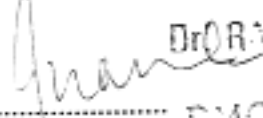
Dear Sir,

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,


Dr. R. JINDER NANDA
MBBS, M.D.
M.C. Reg. No-23082
Sign & Stamp

Title..... Dr. Full Name..... RATINDER NANDA
Designation..... DIRECTOR
Institution..... NANDA DIAGNOSTIC CENTRE
Contact Details..... ED-9A & 31A, MADHUBAN CHOWK DELHI-88
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E-Mail..... Web.....
No. of Beds in institution..... N.A
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 :
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