



Lab : 2277 7700
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Dr. Vikas Sharma
 M.D.

To Whomsoever

Dr. Singhal's Path Lab

197-A, Pocket - A Mayur Vihar Phase-II Delhi - 110091

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,

[Handwritten Signature]
 Sign & Stamp

*Dr. Singhal's Path Lab
 197-A, Pocket - A
 Mayur Vihar Phase-II
 Delhi - 110091*

Title Dr. Full Name SANDEEP SINGHAL

Designation DIRECTOR

Institution Dr. SINGHAL'S PATH LAB

Contact Details 197-A, POCKET - A MAYUR VIHAR
PHASE - II DELHI - 91

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E-Mail _____ Web _____

No. of Beds in institution _____

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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