

**DR. R. C. PANDA**M.B.B.S., ~~M.D.~~ H.C.A.
Medical Superintendent**To Whomsoever****SUNDER LAL JAIN HOSPITAL****Subject: Acceptance of invitation for Medifit**Ashok Vihar, Phase III, DELHI-52 Tel : 47030900, 47030904
Fax : 91-11-47030910 E-mail : sljhosp@ndf.vsnl.net.in

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

Title Dr. Full Name R.C. PANDA
 Designation MEDICAL SUPERINTENDENT
 Institution SUNDER LAL JAIN HOSPITAL
 Contact Details ASHOK VIHAR, PHASE-III, DELHI-52
 Phone No. (1) 47030900 (2) 47030904 (3) _____
 Fax 47030910 Mobile 9312253548
 E-Mail sljhosp@ndf.vsnl.net.in Web _____
 No. of Beds in institution 150
 Any future expansion plans Yes
 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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