

THE MAPLES MEDICAL CENTRE

Pkt. 40, H. No. 43, C.R. Park, Opp. Mkt-1, New Delhi-110 019

STONE & UROLOGY CENTRE*Dr. Kuldip Singh*

MS., F.R.C.S.

SR. CONSULTANT UROLOGIST

To Whomsoever**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,



Sign & Stamp

 THE MAPLES MEDICAL
CENTRE
40/43 C R PARK NO
Title..... Full Name DR. KULDIP SINGHDesignation MBBS ; M.S. ; F.R.C.SInstitution THE MAPLES MEDICAL CENTREContact Details Pkt. 40, H No - 43, Chittaranjan Park
New Delhi - 110019Phone No. (1) 26223822 (2) 2629-1746 (3).....Fax 26291746 Mobile 98-110-80399E-Mail maples@rediffmail.com Web.....No. of Beds in institution 2

Any future expansion plans.....

Any in-house pharmacy in hospital.....

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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