

Ph. 27566687
Mobile : 9811471611

VIMAL MATERNITY AND SURGICAL CENTRE
C-70, PRASHANT VIHAR, DELHI-110085

To Who

Subject: Acceptance of invitation

Dear Sir,

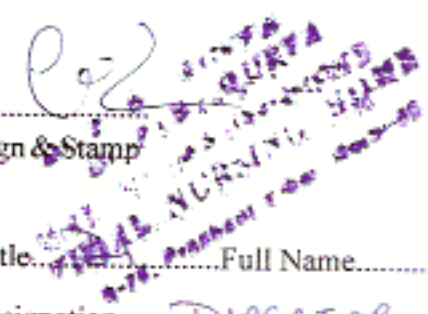
We wish to participate at Medifest
as on December 5-7, 2008 at Pragati Maidan, New Delhi and
"Invitee" at the event. We shall be very pleased to join the session.

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..... Full Name..... P. D. GUPTA
Designation..... DIRECTOR
Institution..... VIMAL MATERNITY AND SURGICAL CENTRE
Contact Details..... C-70 PRASHANT VIHAR, DELHI-85
Phone No. (1)..... 27566687..... (2)..... (3).....
Fax..... Mobile..... 9891585778
E-Mail..... Web.....
No. of Beds in institution..... Day care only
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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