

Application Training in Minimal Access Surgery

**CONDUCTED BY WORLD ASSOCIATION OF LAPAROSCOPIC SURGEON (WALS)
AND
AWARDED BY THE GLOBAL OPEN UNIVERSITY**

Applied for:

Essential Course

Fellowship course

Diploma in Minimal Access Surgery

Passport Size
Photograph

Name : _____
(Last Name) (Middle Name) (First Name)

Age : _____ Sex : _____

Address : _____

Tel. / Fax. No. : _____

E-mail : _____

Educational Qualifications : _____

Previous experience in Minimal Access Surgery: [Please attach separate sheet if required]

What is your objective of joining this course?

Provisional Date of Joining the course

Mode of Payment:

Date : _____ (Signature of the Applicant)

Please send the completed application form with Photostat copy of your registration certificate to:

WORLD LAPAROSCOPY HOSPITAL

Cybercity, DLF Phase II, NCR Delhi, Gurgaon, 122 002, India
Phone: +91(0)12- 42351555 Mobile: +91(0)9811416838, 9811912768,
Email: contact@laparoscopyhospital.com