



RETURN FORM

Do you have any exposure to basic procedures (please tick)

- Assisting Appendix Others
 Gall bladder Diagnostic LAVH
 Performing at Present No Exposure at all

1. _____ No of Cases.
2. _____ No of Cases.
3. _____ No of Cases.
4. Nil

Any Special interest kindly mention in the box

This is to give us an information about you. Kindly fill up and return back to us along with the registration form. This will enable us to know you better.