



ARAGONDA APOLLO COLLEGE OF NURSING

A REGIONAL WORKSHOP ON
"ECG INTERPRETATION – AN ESSENTIAL SKILL FOR NURSES"
23rd Jan., 2012 (Monday)

Registration Form

Name (Capitals) :
Designation :
If staff nurse, area of work :
Name and address of Institution / Hospital :
Telephone :
Office / Residence/mobile :
Emailed :
Years of experience in nursing :
Clinicals :
Teaching :
Participation in ECG Quiz : Yes / No

Payment Details:

Amount _____ DDNo: _____
Dated _____ Bank name _____
Payable at Chittoor

Note: Completed registration form should reach us on or before 31st Dec., 2011.

Signature of the Delegate