

# **INFORMATION SHEET (RCMF)**

**Fax: 022-2789 6863 / Email: amfitest@utiicm.com**

**Center / Place Name:**

**Date(s) of Refresher Course**

**Name of the Branch Manager  
with Address:**

**Name and Contact Details of  
the Resource Person (Faculty)  
provided by the branch**      **Office:  
Mobile:  
Residence:**

**Name & contact number of  
any other coordinating person:**

**Details on stay arrangement**      **Hotel Name and Address:**

**Telephone Numbers:**

**Programme Venue (With full  
address)**

**Programme Timings**

**Number of Agents attending  
the Programme**