

# REGISTRATION FORM

Name of the Delegate: \_\_\_\_\_

Designation: \_\_\_\_\_ Organisation/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Pin: \_\_\_\_\_ Country: \_\_\_\_\_

Email ID: \_\_\_\_\_

MCI Number(IF Any): \_\_\_\_\_ Phone No: \_\_\_\_\_

## REGISTRATION FEES

Registration Category	Early Bird Registration Till March 27th, 2019	Normal Registration After March 27th, 2019	Spot Registration	Selection
Faculty/Medical Practitioners/ General	INR 7000	INR 9000	INR 10500	<input type="checkbox"/>
Research Scholar & Post-Doct Fellow	INR 6000	INR 8000	INR 9000	<input type="checkbox"/>
Student(UG, PG)	INR 5500	INR 7300	INR 8000	<input type="checkbox"/>
Industrial Participants	INR 13000	INR 17000	INR 18000	<input type="checkbox"/>
One Day Registration	INR 5500	INR 7500	INR 8000	<input type="checkbox"/>

## PAYMENT DETAILS

Draft/Cheque No: \_\_\_\_\_ Bank & Branch Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Note: All payment should be made in favour of "ARJYOPA HEALTHCARE LLP payable at Kolkata"

Account Name: Arjyopa Healthcare LLP Account No: 50200025442471 IFSC Code: HDFC0000106

Nature of Account: Current Account Bank Name & Branch: HDFC Bank, DumDum Branch

In case of bank transfer kindly send the details at enquiry@indianphysicianscongress.in

In case of Cheque/Draft, Kindly sent to the below mentioned address

**ARJYOPA HEALTHCARE**

H. No-06, Floor No-03, Nirala Apartment, UK Dutta Road, Near DumDum Girls High School, Kolkata - 700028, WB, India

Ph: +91 8431061984 / +91 9019542005 E: enquiry@indianphysicianscongress.in