

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 January 17th 2021	Normal Registration After January 17th 2021	Spot Registration	Selection
Faculty/Medical Practitioners/ General	INR 7000	INR 8500	INR 10000	<input type="checkbox"/>
Research Scholar & Post-Doct Fellow	INR 6000	INR 7500	INR 9000	<input type="checkbox"/>
Student(UG, PG)	INR 5000	INR 6500	INR 7500	<input type="checkbox"/>
Industrial Participants	INR 12500	INR 14000	INR 16000	<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

#2, 1st Floor, RBC Road, DumDum Cantonment, Kolkata - 700028, WB, India

Ph: +91 7002-412-271 E: enquiry@indianphysicianscongress.in