

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 December 21st , 2019	Normal Registration After December, 21st, 2019	Spot Registration	Selection
Faculty/Medical Practitioners/ General	INR 7500	INR 8500	INR 10500	<input type="checkbox"/>
Research Scholar & Post-Doct Fellow	INR 6500	INR 7500	INR 9000	<input type="checkbox"/>
Student(UG, PG)	INR 5500	INR 6500	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

#2/70, Ground & 1st Floor, Tanwar Colony, Motijheel, DumDum, Kolkata - 700074, WB, India
Ph: +91 7002412271 E: enquiry@indianphysicianscongress.in