



**JOINT ANNUAL CONFERENCE OF
INDIAN ASSOCIATION OF PREVENTIVE AND SOCIAL MEDICINE-GUJARAT CHAPTER (XXV)
&
INDIAN PUBLIC HEALTH ASSOCIATION-GUJARAT CHAPTER (VII)
Organiser: Department of Community Medicine, Government Medical College, Surat.
Email: iapsmgcon2017surat@gmail.com**

Conference Registration Form

Name: Dr./Mr./Ms. _____
(First Name) (Middle Name) (Surname)

Designation*: _____ **Educational Qualification:** _____

Gender: Male / Female **Age:** _____

Institute / Organization: _____

Mailing Address: _____

City: _____ **Pin code:** _____

Mobile No: _____ **E-mail:** _____

Office No: _____

Are you a life member of IAPSM or IPHA?: Yes /No

If Yes, Life membership No. **IAPSM** _____ **/IPHA** _____

MCI Registration No: MBBS _____ MD _____

Registration for an Event? (Please tick) (**Pre-conference workshop** / **Conference** / **Both**)

Co-delegate Details (if any):

Sr.No.	Name	Age	Sex	Relationship with Delegate

Payment Details: Mode of payment: Net banking / Direct transfer/ Cheques/ D D /any other (specify) _____

Total amount deposited: _____

Name of account: _____ Account number: _____

Name of Bank _____ Branch Name & Address _____

Transaction Date: _____ Transaction number/details _____

Important Instructions for Registration

- Certificate of HOD is mandatory for UG and PG student registration.
- Presenting author has to register for the conference.
- Registration fees will not be transferrable or refundable.
- Spot registration will be acceptable only in cash. DD/Cheque/ credit cards etc. will NOT be accepted.
- Spot registration: Participants are not guaranteed for kit. It may be given depending on the availability.
- Co-delegates will not be provided conference kit and certificate.
- Registration fee does not include accommodation charges. Separate amount for accommodation has to be paid.
- Please mention your UG and PG MCI registration numbers for availing credit points for attending conference.

Payment Options:

You may use several modes of payment like Net banking/direct transfer/ cheques/ DD/ Cash /any other.

- **You can make direct online payment using the following bank account details:**

Conference account details:

Account Name: JAPSMGCCON 2017

Bank Account Number: **111110035336**

Name of Bank: **DENA BANK**

Name of Branch: Medical College, Surat

IFSC Code: **BKDN 0231111** MICR code: **39501800**