



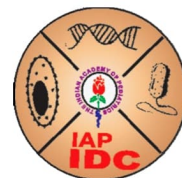
# NCPID 2017

## 20<sup>TH</sup> NATIONAL CONFERENCE OF PEDIATRIC INFECTIOUS DISEASES

October 6<sup>th</sup> - 8<sup>th</sup>, 2017

Venue: Mysore

Host: IAP Infectious Diseases Chapter & Indian Academy of Pediatrics, Mysore.



### REGISTRATION FORM

(PLEASE FILL IN CAPITAL LETTERS)

Receipt Number : .....  
(For Office use only)

Title:  Dr.  Mr.  Ms.  Mrs.

First Name: ..... Last Name: .....

Institute/Hospital: ..... Deapartment: .....

Designation: ..... Nationality: .....

IAP Member:  Yes  No IAP Membership Number: ..... PG Student:.....

Address: .....

.....

City: ..... PinCode: ..... State: ..... Country: .....

Phone: STD Code: ..... Number: ..... Mobile No(Mandatory): .....

Email: .....

#### Accompanying Persons Details:

Full Name:..... Age(years).....

Full Name:..... Age(years).....

Full Name:..... Age(years).....

Choice of Food:  Vegetarian  Non Vegetarian

\* PG Students should submit the bonafide certificate from Head of the Department/Institution along with Registration form.

\* Senior citizens need to submit their age proof.

Amount Paid for - Conference: Rs..... Accompanying Person: Rs.....

Total Amount Paid: ..... Amount in Words:.....

**PAYMENT:** DD/Cash/Cheque (Payable at par) in favour of : **NCPID 2017**, Payable at Mysuru.

**ONLINE PAYMENT : Account Name : NCPID 2017**

**Account Number : 64208385965**

**Bank : State Bank of Mysore (SBM)**

JSS College Branch, Ramanuja Road, Mysuru-570004

**IFSC Code : SBMY0040249**

Please confirm by sending an email with transaction details to : **ncpid2017@gmail.com**

**Dr Narayanappa D**  
Organizing Chairman  
Ph: 9845112560

**Dr Prashanth S N**  
Chief Organising Secretary  
Ph: 9886553398

**Dr Krishna Kumar H C**  
Treasurer  
Ph: 9036868943