

Conference Registration Form

First Name : _____ Last Name : _____

Address: _____

Gender: Male Female Other

email ID: _____ Mobile Number : _____
(Prefer whatsapp number for Communication via chat)

Designation: _____ Specialty : _____

Institution or Organization : _____

Work Address : _____

Degree : _____ Medical Council Name & Registration Number : _____

Check () the appropriate category

Category	ISICPM Member	Non Member	Postgraduates *
Early Bird (up to 30/6/2023)			
Regular (up to 30/8/2023)			
Late (up to 30/9/2023)			
Spot (After 30/9/2023)			

* For Postgraduate Bonafide student certificate from head of department is mandatory.

Payment Mode : Online via (UPI, QR Code): Offline via Cheque/DD :

Payment Transaction number : _____ Date of Transaction: _____

Choice of Food : Veg Non-Veg

Signature: _____

Above conference registration form can be filled and mailed on isicpm@gmail.com
or registration can be done through online mode.

Account Name : Indian Society of Intensive Care and
Perioperative Medicine
Bank Name : State Bank of India
Branch Name : SGPGIMS, Lucknow
Account Number : 41736988271
IFSC Code : SBIN0007789
Branch Code : 007789

