

## 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<br>(up to 30/6/2023) |               |            |                 |
| Regular<br>(up to 30/8/2023)    |               |            |                 |
| Late<br>(up to 30/9/2023)       |               |            |                 |
| Spot<br>(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](mailto:isicpm@gmail.com)  
or registration can be done through online mode. [Click here to Register](#) 

**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

