

Registration form

Name: _____

Address: _____

IAP / ISPGHAN membership no: _____

Phone no: _____

Email id: _____

For PG students, signature of HOD essential with IAP membership no:

HOD signature _____

Registration fees

	1st Jan -30 Apr 17	1 May - 31 Aug 17	1 Sep 17 onwards
ISPGHAN & IAP members	3000/-	4000/-	5000/-
Non ISPGHAN & non- IAP members	3500/-	4500/-	6000/-
PG Trainees	2000/-	2500/-	3000/-
Associate delegate	2000/-	2500/-	3000/-
International specialist	USD 200	USD 250	USD 300

Payment by cash/cheque (multicity)/DD/online transfer in favour of Indian Academy of Pediatrics, Assam State, payable at Guwahati.

Bank Account details:

Bank Name: Yes Bank

Name of Account: Indian Academy of Pediatrics, Assam State Branch

Branch: Bhangagarh, Guwahati

Account number: 006588700000293

IFSC code: YESB0000065

Address for communication

Dr Devajit Sharma

Dept of Pediatrics

Satibari Christian Hospital

Guwahati- 781008

Assam

Email: devajitsharma@gmail.com

Phone: +919854076701

Other important contact numbers:

Organizing Chairperson: Dr Narayan Sharma: 9435018725, Email: narayans629@gmail.com

Co-Organizing Secretary: Dr S K Das: 9864061408, Email: drskdped@gmail.com

Scientific Chairperson: Dr Rashna Dass: 9435012999, Email: rashnadass@gmail.com

Transport & Accomodation: Dr Dhruvajyoti: 9435017742, Email: dhruva_chowdhury2001@yahoo.com

Souvenir: Dr CS Bhattacharyya: 9864012570, Email: drchandrasb@yahoo.co.in

Workshop Chairperson: Dr Rekha Khaund: 9864037232, Email: borkotokys@gmail.com