



38th Conference of API-UP CHAPTER



REGISTRATION FORM

Name of the participant Dr. _____

Member / Non Member _____ Membership No. _____

Qualification _____

Name of the Institution / Hospital/Clinic _____

Accompanying Person (if any) _____

Address for Communication _____

Phone _____ Mobile No _____

Fax No _____ E-mail _____

REGISTRATION FEES & DEADLINES

(Tick the amount which is applicable)

Category	Till 31 st July	Spot Registration
Member	Rs. 4000 <input type="checkbox"/>	Rs. 5000 <input type="checkbox"/>
Non Member	Rs. 5000 <input type="checkbox"/>	Rs. 6000 <input type="checkbox"/>
Post Graduate	Rs. 1500 <input type="checkbox"/>	Rs. 2500 <input type="checkbox"/>
Accompanying Person	Rs. 2500 <input type="checkbox"/>	Rs. 3500 <input type="checkbox"/>

PLEASE NOTE:

- 1) DD should be in favour of "UP APICON 2020" payable at Moradabad, India.
- 2) We will consider the date of receipt of Demand Draft/NEFT/UPI while processing the registration as per above deadlines.
- 3) PG students have to submit a certificate from the Head of the Department.

BANK DETAIL FOR ONLINE TRANSACTION:

- 1) **A/c No:** 6010000100125266
- 2) **A/c Name:** UP APICON 2020
- 3) **IFSC Code:** PUNB0601000
- 4) **Bank Name:** Punjab National Bank
- 5) **Branch Name:** Teerthanker Mahaveer University, Bagadpur, Moradabad-244001

DD Amount	Date of DD	DD Number	Bank Name/City

Please send your demand draft or any other communication to the following address:

Dr. V.K. Singh, Organising Secretary U.P. – APICON 2020
Prof. & Head, Department of Medicine, Teerthanker Mahaveer Medical College & Research Centre, TMU,
Moradabad- 244001

E-mail: upapicon2020@gmail.com, **Website:** <https://www.upapicon2020.tmu.ac.in>,