

Registration Form

To Participate in 11th National Conference on Paediatric Anaesthesia, IAPA, organized by The Department of Anaesthesiology, AIIMS, New Delhi.

Name:

IAPA Member: (Yes/No)

IAPA Number: (If above choice Yes)

Contact Number:

Email Id:

Address:

Age:

Sex:

Qualification:

Department:

Institution:

Institute Address:

Designation:
(Junior Residents, Senior Residents, Faculty/Practitioner)

Registration For:
(Conference Only, Conference & Workshop Combined)

Amount paid for
Conference Only:

Amount paid for
Conference & Workshop:

Mode of Payment:
(Cash, Demand Draft, Cheque, NEFT Transfer)

DD No. / Chq No. /
NEFT Transaction No.:

For PGs:

Name of HOD:

Stamp:

Date:

Signature