

# Registration Form

## 1. Personal Details

Name (Ms./Mr./Dr.) ..... Designation .....

Institution .....

Address .....

City ..... State ..... Pincode .....

Contact No. .... E-mail .....

Details of accompanying person's (No. & age) .....

## 2. Registration Details

Limited seats available - First come First serve basis. ( Last Date of Registration : 30<sup>th</sup> October 2024 )

♦ **Conference Registration :** ₹ 2000/- **Workshop -** ₹ 1000/-

♦ **PG Registration :** ₹ 1000/- **Workshop -** ₹ 1000/-

♦ **Nursing Registration :** ₹ 1000/-

♦ **Spot Registration :** ₹ 5000/- **Workshop -** ₹ 2000/-

♦ **Accommodation tariff with all meals (double occupancy) for Delegates**

( 2 Nights, 3 Days ) Hotel : ₹ 15,000/-

( 1 Night, 2 Days ) Hotel : ₹ 8,000/-

( 2 Nights, 3 Days ) **for PG** Hotel : ₹ 8,000/-

( 1 Night, 2 Days ) **for PG** Hotel : ₹ 5,000/-

Registration	₹	<input type="text"/>
Workshop	₹	<input type="text"/>
Accommodation	₹	<input type="text"/>
<b>Total</b>	₹	<input type="text"/>

## 3. Details of Payment (NEFT / Demand Draft / Cash / Multicity Cheques)

NEFT Detail: UTR No. .... Date .....

Demand Draft / Multi City Cheque No..... Date ..... Amount .....

Amount in words ..... Drawn on Bank .....

Payments by NEFT / Demand Draft / Multi City Cheque in favour of **"Shri Ram Murti Smarak Trust"** payable at Bareilly.

**BANK DETAILS:** Account Name : **Shri Ram Murti Smarak Trust**  
Bank Name : **Punjab National Bank**  
Account No. : **52241132000386**  
IFSC Code : **PUNB0522410**

Please mail this form & payment details to :

**Dr. Lalit Singh**

**Organizing Secretary**

Member - National Executive Committee, ISCCM

Professor & Head, Department of Respiratory & Critical Care Medicine

SRMS-IMS, Bareilly. Ph. : 0581-2582014-25; Mobile : 09415134949

E-mail: lalitsinghdr@gmail.com; icu@srmsims.ac.in

Signature

Date.....