



REGISTRATION FORM

Name of the Delegate: _____

Designation: _____ Organisation/Institution: _____

Address: _____

State: _____ City: _____ Pin: _____ Country: _____

Email ID: _____

MCI Number(IF Any): _____ Phone No: _____

REGISTRATION FEES

Registration Category	Early Bird Registration Till February 27th, 2018	Normal Registration After February, 27th, 2018	Spot Registration	Selection
Faculty/Medical Practitioners/ General	INR 6500	INR 7500	INR 9000	<input type="checkbox"/>
Research Scholar & Post-Doct Fellow	INR 5500	INR 6500	INR 7500	<input type="checkbox"/>
Student(UG, PG)	INR 4700	INR 5700	INR 6700	<input type="checkbox"/>
Industrial Participants	INR 12000	INR 14000	INR 16000	<input type="checkbox"/>
E-Poster	INR 2500	INR 3000	INR 3500	<input type="checkbox"/>

PAYMENT DETAILS

Draft/Cheque No: _____ Bank & Branch Name: _____ Date: _____ Amount: _____

Note: All payment should be made in favour of "ARJYOPA HEALTHCARE LLP payable at Kolkata"

Account Name: Arjyopa Healthcare LLP Account No: 50200025442471 IFSC Code: HDFC0000106

Nature of Account: Current Account Bank Name & Branch: HDFC Bank, DumDum Branch

In case of bank transfer kindly send the details at contact@drugdiscoveryconference.org

In case of Cheque/Draft, Kindly sent to the below mentioned address

ARJYOPA HEALTHCARE

H. No-06, Floor No-03, Nirala Apartment, UK Dutta Road, Near DumDum Girls High School, Kolkata - 700028, WB, India

Ph: +91 9674546603 / +91 8431061984 E: contact@drugdiscoveryconference.org