



Registration Form



**National Conference of IAP
Infectious Diseases Chapter
NCPID 2011**

1. Name(DR/PROF/MR. /MRS.)_____
2. IAP Membership No._____
3. Address for Communication -----
4. Email _____
5. Telephone No.Office /Chamber _____ Residence_____
6. Mobile No -----

I am enclosing a bank Draft for RsDD No.....

Dated..... Drawn in favor of NCPID 2011 payable at Indore.

Registration Fee For IAP Members

- Early Bird up to 15 April 2011.....Rs 1800/-
- Up to 25th September 2011.....Rs 2200/-
- Up to 20th November 2011.....Rs 2500/-
- SPOT.....Rs 3000/-

ACKNOWLEDGEMENT

Received Rs By DD/CASH from DR

On

Address of Communication

DR K. K. ARORA
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 kewalkishore@gmail.com