



Association of Physicians of India
Delhi State Chapter

XXX ANNUAL CONFERENCE - 2019

Registration Form

To
Dr M P S Chawla
Organizing Secretary, XXX Annual Conference - 2019
4/19 - B, Jangpura - B, New Delhi-110 014, India
Phone: 011-23361252 Mobile: +91-9868103623

Kindly register me for the **XXX ANNUAL CONFERENCE - 2019** on December 14 & 15, 2019 at Hotel Ashok, Chanakyapuri, New Delhi, as per details below:

Name: _____

Address: _____

_____ Pin: _____

Tel: Clinic _____ Residence: _____

Mobile No. _____ E-mail: _____

API Life Membership No. _____ API-DSC Membership No. _____

I am sending the Registration Fee of Rs. _____ by Cash/Cheque/Draft

No. _____ favouring **API Delhi State Chapter**, payable at New Delhi.

Date: _____ Signature _____

Registration Fee

	API-DSC Members	Non Members	PG Students
Upto 30.11.2019 (including Banquet)	Rs. 1000/-	Rs. 1500/-	Rs. 500/-
Upto 12.12.2019 (including Banquet)	Rs. 1500/-	Rs. 2000/-	Rs. 1000/-

Spot Registration: Rs. 3000/- Additional Dinner Card: Rs. 1500/-.

PG Students: Prior Registration is a must with HOD Recommendation