



REGISTRATION FORM

15th Annual Conference of IAP Neonatology Chapter

30th Aug - 1st Sept 2024

KIIT, Bhubaneswar, Odisha

Receipt No.

Date

Please fill in CAPITAL LETTERS & tick appropriate box.

IAP Member Non-Member PG Student Accompanying Person Foreign Delegate Nursing

IAP Membership No.

Name

Hospital / Institute

Designation

Mailing Address

City P.O./P.S

District State Pin

Phone (STD Code) (R) (O)

Mobile Email Id

Accompanying Delegate Names : (1)

(2)

Delegate Fees : Rs Accompanying Delegate, Fees : Rs

Total : Rs

Conference Secretariat :

Dr. Arjit Mohapatra
Organising Secretary, IAP Neocon 2024
Jagannath Hospital
Saheed Nagar, Bhubaneswar 751007
Phone : 8917223590
Email : iapneoconbbsr2024@gmail.com

- Account Details
Beneficiary Name : **Indian Academy of Pediatrics OrissaState Branch - IAP NEOCON 2024**
Account Number : **728705000207**
IFSC : **ICIC0007287**
Bank : **ICICI Bank Bhubaneswar - Sahid Nagar II**
- GST No. : **21AAAI2099C1Z7**
- PAN No. : **AAAAI2099C**



SCAN & PAY