

Registration Form

Name in capital letters: _____

_____ Age: _____ Gender: _____

Designation: _____

Institution: _____

Address: _____

State: _____

Nationality: _____

Mobile No. _____ Email ID: _____

Category of Delegate: (Please encircle)

1. ISRPT Member (No.: _____)

2. Nonmember

3. Student*

4. Foreign delegate

**Bonafide certificate from HOD/Institution to be enclosed*

Paper Presentation: ☐

Poster presentation: ☐

Pre-conference workshop: ☐

If Yes, specify

No of Associate delegates: _____

Signature: _____

Payment details (Demand Draft or Bank Transfer):

Registration (self) : Rs: _____

Associate Delegate(s) : Rs: _____

Workshop : Rs: _____

Total : Rs: _____

Amount drawn on (Bank & location): _____

DD No. : _____ Dated: _____

DD should be payable at Puducherry favoring "ISRPTCON2014"

For Bank transfer, details are given below:

Name: ISRPTCON2014, State Bank of India. JIPMER branch; A/C No:

33745158148; IFSC code: SBIN0002238; MICR No: 605002006

Last date for early bird: 31 August 2014

Last date for late registration: 15 October 2014

Last date for receipt of abstract: 30 September 2014

Spot registration is possible only for conference and not for pre-conference workshops

Instructions for registration:

1. Registration form can be submitted through post or the scanned copy can be emailed.

2. For email based registration, attach the copy of proof of payment (Demand Draft / Bank Transaction receipt)

3. Postal address: ISRPTCON 2014, Organizing Secretary, Dept of Pharmacology, Institute Block, JIPMER, Dhanvantari Nagar, Puducherry 605 006.

4. Email address for correspondence and to send registration form: isrptcon2014@jipmer.edu.in; isrptcon2014@gmail.com

5. Participants must book their own accommodation. List of hotels and their details will be provided in the website.