



Theme : From Survival to Thriving : Advancing Neonatal Outcome



REGISTRATION FORM

Name (In Capital)

Age

Gender (Male) ☐ (Female) ☐

Address

Pin Code

IAP Membership No NNF Membership No

Mobile No.

Email Id

Qualification

Institution / Clinic / Hospital Name

Accompanying Person Name Age

Are you a Delegate ☐ Faculty ☐ PG Student ☐ Others ☐

PAYMENT DETAILS

Registration Amount

Mode Of Payment : Demand Draft / Online / UPI / Cash (Mention Details & Date Of Transfer)

Bank Details : Beneficiary Account Name : INDIAN ACADEMY OF PEDIATRICS, ALIGARH
Bank Name : PUNJAB NATIONAL BANK
Account No : 0511000100245267
IFSC Code : PUNB0051100
Branch : CIVIL LINES, ALIGARH



SCAN FOR PAYMENT

REGISTRATION DETAILS

*A duly signed and stamped letter from Head of Department needed for registration under student category

Payment Details : Demand Draft should be made in favour of INDIAN ACADEMY OF PEDIATRICS, ALIGARH payable at Aligarh & to be sent at Conference Secretariat with duly filled registration forms.

REGISTRATION CATEGORY	Upto 31 st July	1 st Aug - 30 th Aug.	1 st Sep. - 10 th Sep.
IAP/NNF Member	Rs. 5000/-	Rs. 6000/-	Rs. 7000/-
Non - IAP/NNF Member	Rs. 6000/-	Rs. 7000/-	Rs. 8000/-
PG Student	Rs. 3000/-	Rs. 4000/-	Rs. 5000/-
Accompanying Person	Rs. 3000/-	Rs. 4000/-	Rs. 5000/-
Senior Citizen (70 Age Above)	Free	Free	Free

Note : All Charges Are Inclusive of 18% GST