



INDIAN ASSOCIATION OF AYURVEDIC PEDIATRICS

(Regd. Office: "55", Aradhana Amchi colony, Pashan NDA Road, Bawdhan Khurd, Pune-411021,
Tel No.: 020-22953563, Fax No.: 020-22952782, E - mail: iaapindia@gmail.com)

Delegate Registration Form

Full Name : -----

Qualification -----

Affiliation / Organization: -----

Full Address:-----

Tel.No.:----- Email :-----

Presenting Scientific Paper / poster : Yes / No

Registration Fee: -----

Accommodation Required ----- yes/ no

Note : 1. Delegate Registration fees : Rs. 1000 for delegates and 500 for students . The fees are inclusive of delegate kit and B/F, Lunch and excluding travel and stay . (All student must submit a copy of their student ID & letter from Head Of the Department.)

2. Please contact IAAP / committee for accommodation assistance

Payment details:(in words)-----

Cheque/ Draft No:-----Bank /branch:(in figures)-----

Dated:-----Balance:-----

Mode of Payment. : Draft / Cheque/ Direct deposit in Bank (tick mark)

Direct deposit details

Name of the account : Indian Association of Ayurvedic Pediatrics

Account No. : 60023068976 , IFSC : MAHB0001385

Bank Name : Bank of Maharashtra , Branch : Bawdhan , Pune

Note (You can deposit payment to this account from anywhere in India using the above details through Bank of Maharashtra under core banking or send the Demand Draft Drawn On "Indian Association of Ayurvedic Pediatrics" payable at Pune on the address overleaf)

Signature

Full Name