

REGISTRATION FORM  
**MAPICON Bathinda 2019**  
13<sup>th</sup>-15<sup>th</sup> Sept. 2019, Hotel Sepal, Bathinda

Name.....

Postal Address.....

.....Mob. No.....

P.M.C. Reg. No.....Interns / PG Student / MBBS Student

Payment Details : Cash/RTGS/DD/ NEFT.....Date.....  
(Cheque is not accepted)

Bank.....Amount.....

Signature of the Delegate

**REGISTRATION DETAILS**

Category	Upto 31.12.2018	1.1.2019 to 14.6.2019	15.6.2019 to 1.9.2019	Spot Regd. 02.09.2018 to 14.9.2018
Regd. Fee	₹2000	₹2500	₹3000	₹4000

(Awarded 12 credit hours by PMC vide Letter No. PMC/CME/2018/13300 dated: 12-09-2018 )

\* No Delegate Kit for Spot Registration \* No spot registration on 15-09-2016 (Sunday)

\* Physical Presence is must \* Participation certificates will be given after 2:00 pm on 15-09-2018

**For Online Registration visit [www.apimalwa.com](http://www.apimalwa.com)**

Send RTGS/DD/NEFT in the name of ASSOCIATION OF PHYSICIAN OF INDIA (Malwa Branch)

Account No. 10262191014045 IFSC Code : ORBC 0101026 OBC, Zila Parishad Br. Goniana Road, Bathinda

Send to : Conference Secretariat : **Dr. Vitull K. Gupta** MD (Medicine) FICP, FCSI, FACP  
Kishori Ram Hospital & Diabetes Care Centre, Kishori Ram Road, Basant Vihar, Bathinda. 94178-45101

**Produce this receipt at the registration Counter**

Name.....Date.....

Received : Cash/RTGS/DD/ NEFT.....Amount.....  
(Cheque is not accepted)

Auth. Signatory

(Awarded 12 credit hours by PMC vide Letter No. PMC/CME/2018/13300 dated: 12-09-2018 )

**PHOTO COPY OF THIS REGISTRATION FORM CAN BE USED FOR REGISTRATION**

**For Detailed Scientific Programme & Registration form visit**

**[www.apimalwa.com](http://www.apimalwa.com)**