

Registration Form  
**MAPICON Bathinda 2020**

17<sup>th</sup>-20<sup>th</sup> Sept. 2020, Hotel Three Palms, Goniana Road, 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

(Awarded **16 credit hours** by PMC vide Letter No. PMC/CME/2019/15271 dated: 26-07-2019 )

**REGISTRATION DETAILS**

Category	Upto 31.12.2019	1.1.2020 to 31.8.2020	Spot Regd. 01.09.2020 to 18.9.2020 (upto 3pm)
Regd. Fee	₹3000	₹4000	₹8000

- Physical presence is must with photo ID for registration & collection of certificate.
- No spot registration after 3:00 pm on 18-09-2020.
- No kit will be given to delegates registered on spot.

**Details regarding workshops will be available on website.**

**For online registration visit [www.apimalwa.com](http://www.apimalwa.com)**

Send RTGS/DD/NEFT in the name of ASSOCIATION OF PHYSICIANS 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, FIACM

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

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