



# 42<sup>nd</sup> APICON ODISHA 2022

ASSOCIATION OF PHYSICIANS OF INDIA CONFERENCE

16 - 18 December 2022

Venue : SCB Medical College, Cuttack

To,  
**The Organising Secretary**  
APICON ODISHA 2022  
Room No. 201, 2nd Floor, New Medicine Building,  
SCB Medical College, Cuttack - 753007, Odisha

Medical Registration No. ....

API Membership No. ....

(Please write in Block Letters)

Receipt No.: .....(For Office use only)

\*Title - Dr. ☐ Prof. ☐ (Please tick as appropriate)

\*First Name:

\*Middle Name:

\*Last Name:

\*Date of birth: ...../...../..... Age: ( ) Gender: Male ☐ Female ☐ Nationality:

Institute:  Designation:

\*Address:

\*City: ..... State: .....

Pin Code: ..... Country: ..... Phone: (With STD CODE) .....

\*Mobile: ..... Email (Mandatory): .....

**CHOICE OF FOOD :** ☐ Vegetarian ☐ Non-Vegetarian

CATAGORY	TILL 25TH NOVEMBER 2022	TILL 12TH DECEMBER 2022
Member	₹. 1000/-	₹. 2000/-
Non-Member	₹. 2000/- (Including State Membership)	₹. 3000/-
Accompany Person	₹. 500/-	₹. 1000/-
P.G. Student	₹. 500/-	₹. 1000/-

## \*REGISTRATION FEES INCLUDES

Conference Kit | Inaugural/Valedictory functions | Conference Sessions | Dinner and Cultural evening  
Lunch on Conference days | Entry for Trade/ Exhibition area | Seasons Tea/Coffee | Souvenir

Preferred mode of payment: Cash ☐ Net Banking ☐ DD ☐ Cheque ☐

(DD / Cheque should be drawn in favour of "API Odisha State Branch" payable at Cuttack, Odisha)

## PAYMENT DETAILS FOR BANK TRANSFER\*

Account Name: API Odisha State Branch	Account Type: Savings A/C	Bank: State Bank of India	MICR Code: 753002018
Account Number: 10145482508	IFSC Code: SBIN0005760	Branch: SCB Medical College Campus, Manglabag, Cuttack	

Date : .....

Place : .....

Signature.....

REGISTRATION FORM