



45TH APICON ODISHA 2025
MKCG MCH, BERHAMPUR

DATE : 14 -16 NOVEMBER 2025

VENUE : NEW AUDITORIUM

MKCG MEDICAL COLLEGE & HOSPITAL, BERHAMPUR



REGISTRATION FORM

To,
The Organising Secretary
45TH APICON ODISHA 2025
Room No. 33, Academic Floor (3rd Floor)
MKCG medical College & Hospital, Berhampur-4, Odisha

(Please write in Block Letters)

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

Medical Registration No.

API Membership No.

Receipt No.(For office use only)

*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 30 TH SEPTEMBER 2025	SPOT REGISTRATION
Member	₹. 2000/-	₹. 3000/-
Non-Member	₹. 2500/- (Including State Membership)	₹. 3000/-
Accompany Person	₹. 1500/-	₹. 2000/-
P.G.Student	₹. 1500/-	₹. 2000/-
Workshop	₹. 1000/-	₹. 2000/-

***REGISTRATION FEES INCLUDES**

Conference kit I Inagural/Valedictory functions I Conference Sessions I Dinner and Cultural evening
Lunch on Conference days I Entry for Trade/ Exhibition area I Seasons Tea/Coffee I Souvenir

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

(DD / Cheque should be drawn in favour of "APICON ODISHA 2025 BERHAMPUR " payable at
MCC BRANCH, BERHAMPUR)

PAYMENT DETAILS FOR BANK TRANSFER*

ACCOUNT NAME : APICON ODISHA 2025 BERHAMPUR
ACCOUNT NUMBER : 44030899616
ACCOUNT TYPE : CURRENT A/c
BANK : STATE BANK OF INDIA
IFSC CODE : SBIN0002064
MICR : 760002008
BRANCH : MEDICAL COLLEGE CAMPUS BRANCH, BERHAMPUR, ODISHA

For Registration visit our Website.

WWW.APICONODISHA2025.COM

Signature