

Name of the Delegate: _____

Designation: _____ Organisation/Institution: _____

Address: _____

State: _____ City: _____ Pin: _____ Country: _____

Email ID: _____

MCI Number(IF Any): _____ Phone No: _____

REGISTRATION FEES

Registration Category	Early Bird Registration Till January 17th, 2020	Normal Registration After January 17th, 2020	Spot Registration	Selection
Faculty/Medical Practitioners/ General	INR 6500	INR 7500	INR 8500	<input type="checkbox"/>
Research Scholar & Post-Doct Fellow	INR 5500	INR 6500	INR 7500	<input type="checkbox"/>
Student(UG, PG)	INR 5000	INR 6000	INR 7000	<input type="checkbox"/>
Industrial Participants	INR 12000	INR 14000	INR 16000	<input type="checkbox"/>
Accompany Person	INR 5000	INR 5000	INR 5000	<input type="checkbox"/>

PAYMENT DETAILS

Draft/Cheque No: _____ Bank & Branch Name: _____ Date: _____ Amount: _____

Note: All payment should be made in favour of "ARJYOPA HEALTHCARE LLP payable at Kolkata"

Account Name: Arjyopa Healthcare LLP Account No: 50200035797200 IFSC Code: HDFC0000106
Nature of Account: Current Account Bank Name & Branch: HDFC Bank, DumDum BranchIn case of bank transfer kindly send the details at info@worldcancercongress.in

In case of Cheque/Draft, Kindly sent to the below mentioned address

ARJYOPA HEALTHCARE#2/70, Ground & 1st Floor, Tanwar Colony, Motijheel, DumDum, Kolkata - 700074, WB, India
Ph: +91 7002412271 E: info@worldcancercongress.in