

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 November 27th, 2020	Normal Registration After November 27th, 2020	Spot Registration	Selection
Faculty/Medical Practitioners/ General	INR 5999	INR 6999	INR 7999	<input type="checkbox"/>
Research Scholar & Post-Doct Fellow	INR 4999	INR 5999	INR 6999	<input type="checkbox"/>
Student(UG, PG)	INR 4499	INR 5499	INR 6499	<input type="checkbox"/>
Industrial Participants	INR 11999	INR 13999	INR 15999	<input type="checkbox"/>
Accompany Person	INR 5000	INR 5000	INR 5000	<input type="checkbox"/>

**PAYMENT DETAILS**

Draft/Cheque No: \_\_\_\_\_ Bank &amp; 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](mailto:info@worldcancercongress.in)

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

**ARJYOPA HEALTHCARE**#2, 1st Floor, RBC Road, Gora Bazar, Dumdum Cantonment, Kolkata - 700028, WB, India  
Ph: +91 7002-412-271 Whatsapp: +91 7002-412-271 E: [info@worldcancercongress.in](mailto:info@worldcancercongress.in)