



# 1<sup>st</sup> VIRTUAL ISPRP NATIONAL CONFERENCE, 2021

## REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms SHILPA LAKSHMI.M

Designation : POST GRADUATE STUDENT.

Specialty : PERIODONTICS

Institution : MALABAR DENTAL COLLEGE AND RESEARCH CENTRE

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MALAPPURAM, KERALA - 679582.

Contact Number : 9847550242

Email id : silpalakshmi@gmail.com

Scientific Presentation: Paper  Poster  None

Faculty  Postgraduate  Intern

Year of Postgraduation: 2019 - 2022

### ACCOUNT DETAILS

Account Name : ISPRP

Account number: 02452200041220

Bank Details : Syndicate Bank

Branch Details. : ABSMIDS Branch

IFSC Code. : SYNB0000245

Mode of payment : Gpay  Phonepe  Paytm  NEFT/RTGS

Account details of money transfer: 1138101070440

Account holders name : SHILPA LAKSHMI.M.

Transaction ID: 036520460644

Phone Number Of Transfer Details : 9847550242

*Shebeen*  
Signature of HOD  
(mandatory for student delegate)

**MALABAR**  
DENTAL COLLEGE & RESEARCH CENTRE  
Mandur, Edappal  
DEPT. OF PERIODONTICS

*Shil*  
Signature of Delegate

(Kindly mail the scanned copy to : [virtualisprp2021scientific@gmail.com](mailto:virtualisprp2021scientific@gmail.com))