



1st VIRTUAL ISPRP NATIONAL CONFERENCE 2021

REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms CHRISTY GEORGE

Designation : POST GRADUATE

Specialty : PERIODONTICS

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Scientific Presentation: Paper Poster None

Faculty Postgraduate Intern

Year of Postgraduation:

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: 029801519931 - Acc No

Account holders name : CHRISTY GEORGE

Transaction ID: IS PRP 211609848189466

Phone Number Of Transfer Details :


Signature of HOD

(mandatory for student delegate)


Signature of Delegate

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

ABSTRACT FORM

ISPRP Membership Number : 0586

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: SMILE DESIGNING - ALTERING GINGIVAL DISPLAY

Category: Original research Case report / series Survey
Interdisciplinary Review (e-Poster for 1yr PG / Interns)
Implants

Name of the presenters:


1. Dr. CHRISTY GEORGE
2. _____
3. _____

(Maximum of 3 authors for Paper / e-Poster presentation from 3 different Specialties.)

Name of the Guide: Dr. NANDINI NK

Name of the institution: AJ INSTITUTE OF DENTAL SCIENCES

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.	<u>Christy</u>	<u>8105041748</u>	<u>christy.george.987@gmail.com</u>
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3.			


Signature of the HOD/Guide

*(Kindly mail the scanned copy of this form along with your abstract in MS word .doc / .docx format to : virtualisprp2021scientific@gmail.com)