



# 1<sup>ST</sup> VIRTUAL ISPRP NATIONAL CONFERENCE

## REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms A-Naskath Sabana

Designation : Ph student

Specialty : Periodontology

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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

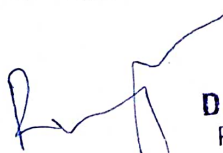
Mode of payment : Gpay  Phonepe  Paytm  NEFT/RTGS

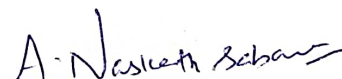
Account details of money transfer:

Account holders name :

Transaction ID:

Phone Number Of Transfer Details :

  
Signature of HOD  
(mandatory for student delegate)  
Dr. Rajesh K.S.  
Professor & Head  
Dept. of Periodontology  
Yenepya Dental College  
Deralakatte, mangalore - 575018

  
Signature of Delegate

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

## ABSTRACT FORM

ISPRP Membership Number : \_\_\_\_\_

Category of participation: ( Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: ENDO-PERIO INTERDISCIPLINARY  
APPROACH FOR HARMONIOUS SMILE

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

Name of the presenters:

1. Dr. NASKATH SABANA
2. Dr. FAHEEMA JABEEN
3. \_\_\_\_\_

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

Name of the Guide: Dr. Rajesh K.S

Name of the institution: Yenepoya Dental college, Mangalore

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
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Dr. Rajesh K.S.  
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\*(Kindly mail the scanned copy of this form along with your abstract in MS word .doc / .docx format to : [virtualisprp2021scientific@gmail.com](mailto:virtualisprp2021scientific@gmail.com))