



REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms NISHITH R.K

Designation : POST GRADUATE

Specialty : PERIODONTICS

Institution : AJ INSTITUTE OF DENTAL SCIENCES

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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: 8633101408986 - Acc No

Account holders name : NISHITH R.K.

Transaction ID: ISPRP211609847537697

Phone Number Of Transfer Details :

Signature of HOD

(mandatory for student delegate)

Signature of Delegate

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

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ABSTRACT FORM

ISPRP Membership Number : 0588

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: Preservation or Reconstruction of
Peri-Implant bone ?

Category: Original research Case report / series Survey

Interdisciplinary Review (e-Poster for 1yr PG / Interns)

Implants

Name of the presenters:

1. Dr Nishith R. K ISPRP
2. _____
3. _____

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

Name of the Guide: Dr Shamila Shetty

Name of the institution: AS Institute of dental sciences.

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.	<u>Nishith</u>	<u>9448866733</u>	<u>nrik840@gmail.com</u>
2.			
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)