



1ST VIRTUAL ISPRP NATIONAL CONFERENCE

REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms SUNITHA . P . P

Designation : JUNIOR RESIDENT

Specialty : PERIODONTICS

Institution : GOVT. DENTAL COLLEGE, KOZHIKODE

Contact Address : Dr. SUNITHA P.P., Dept. of PERIODONTICS

GOVT. DENTAL COLLEGE, KOZHIKODE (DIST) 673008 (PIN)

Contact Number : 9496829797

Email id: sunithapp53@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 RNEFT/RTGS

Account details of money transfer: 672202010005227

Account holders name : SUNITHA . P . P

Transaction ID: 036422594480

Phone Number Of Transfer Details : 9496829797.

Signature of HOD
(mandatory for student delegate)

Signature of Delegate

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