



1ST VIRTUAL ISPRP NATIONAL CONFERENCE

REGISTRATION FORM



Name : Dr. / ~~Mr~~ / Mrs / Ms DISHA R. RAI

Designation : POST GRADUATE

Specialty : PERIODONTOLOGY

Institution : A.J. Institute of Dental Sciences

Contact Address : A.J. Institute of Dental Sciences
Kuntikane, Mangaluru - 575004

Contact Number : 7899530396

Email id: raidisha18@gmail.com

Scientific Presentation: Paper Poster None

Faculty Postgraduate Intern

Year of Postgraduation: 2nd year Post graduate

ACCOUNT DETAILS

Account Name : ISPRP

Account number: 02452200041220

Bank Details : Syndicate Bank

Branch Details. : ABSMIDS Branch

IFSC Code. : SYNB0000245

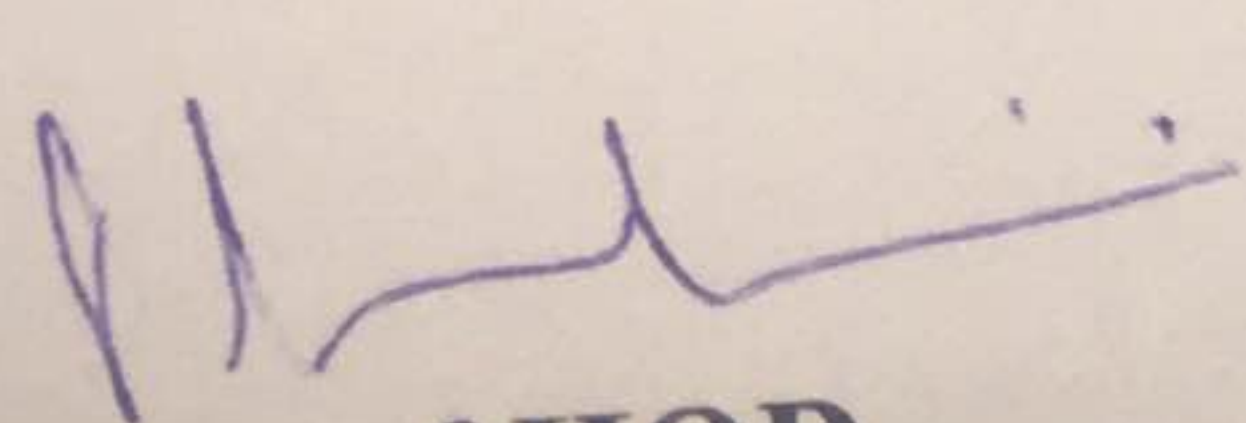
Mode of payment : Gpay Phonepe Paytm NEFT/RTGS

Account details of money transfer: 8633101409005

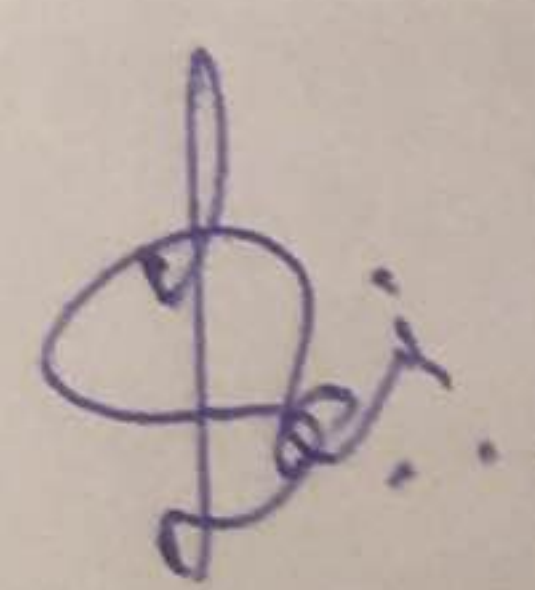
Account holders name : DISHA R. RAI

Transaction ID: ISPRP211609848755272

Phone Number Of Transfer Details : 7899530396


Signature of HOD

(mandatory for student delegate)


Signature of Delegate

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