



# I<sup>ST</sup> VIRTUAL ISPRP NATIONAL CONFERENCE 2021

## REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms ZUNAIDHA

Designation : Post Graduate

Specialty : Periodontics

Institution : A. J. Institute of Dental Sciences, Mangalore, 575004

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Contact Number : 9164904042

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Scientific Presentation: Paper  Poster  None

Faculty  Postgraduate  Intern

Year of Postgraduation: III yr PG

### 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: Acc. No: 5303101000764 , Canara Bank


Account holders name : Zunaidha

Transaction ID: ISPRP211609843434258

Phone Number Of Transfer Details : 9164904042

  
Signature of HOD

(mandatory for student delegate)

  
Signature of Delegate

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

# ABSTRACT FORM

ISPRP Membership Number : 0548

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: IMPLANT LOADING: CRITICAL COMPONENTS FOR SUCCESS

Category: Original research  Case report / series  Survey

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

Implants

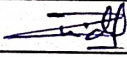
Name of the presenters:


1. Dr. Zunaidha **ISPRP**
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Name of the Guide: Dr. Parimala Kumar

Name of the institution: A.J. Institute of Dental Sciences, Mangalore.

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.		9164904042	zjunny65@gmail.com
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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](mailto:virtualisprp2021scientific@gmail.com))