



1ST VIRTUAL ISPRP NATIONAL CONFERENCE

REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms NUSREEN JAMAL.T.P

Designation : Junior Resident

Specialty : Periodontics

Institution : Govt - Dental College, Kozhikode.

Contact Address : Ponnimahal, Valiyapadam, Meenadathoor PO
Tanalur, Malappuram (DIST), Kerala 676307 (PIN)

Contact Number : 9539692517

Email id: nusreensuneer@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 NEFT/RTGS

Account details of money transfer: Account No: 67089606975

Account holders name : NUSREEN JAMAL T.P.

Transaction ID: P2012300924251369737157

Phone Number Of Transfer Details : 9539692517

Signature of HOD

(mandatory for student delegate)

Signature of Delegate

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