



1ST VIRTUAL ISPRP NATIONAL CONFERENCE 2021

REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms SAMJOTHA D

Designation : POST - GRADUATE

Specialty : PERIODONTICS

Institution : A.J INSTITUTE OF DENTAL SCIENCES

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Scientific Presentation: Paper Poster None

Faculty Postgraduate Intern

Year of Postgraduation: 2nd YEAR

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 : 8633101408984

Account holders name : SAMJOTHA D

Transaction ID:

Phone Number Of Transfer Details : 8971570162

Signature of HOD

(mandatory for student delegate)

Signature of Delegate

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

ABSTRACT FORM

ISPRP Membership Number : 0175

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the ~~paper~~/poster: THE INTER-IMPLANT PAPILLA

Category: Original research Case report / series Survey

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

Implants

Name of the presenters:

1. DR. SAMJOTHA D ISPRP


2. _____

3. _____

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

Name of the Guide: DR. SAMANA PURUSHOTHAM

Name of the institution: A.J. INSTITUTE OF DENTAL SCIENCES.

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.		8971570162	dsamjottha01@gmail.com
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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)