



IST VIRTUAL ISPRP NATIONAL CONFERENCE 2021

REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms CHANDRA KANTH KASOJU

Designation : POST GRADUATE

Specialty : PERIODONTICS & IMPLANTOLOGY

Institution : AJ INSTITUTE OF DENTAL SCIENCES

Contact Address : ACCIDENTS ROAD (BYS) AJ INSTITUTE OF DENTAL SCIENCES ;
KUNTIKANNA, HANGLORE . 575006

Contact Number : 7204925520

Email id : chandra.kanth.kasaju@gmail.com

Scientific Presentation: Paper Poster None

Faculty Postgraduate Intern

Year of Postgraduation: IInd MDS

ACCOUNT DETAILS

Account Name : ISPRP

Account number: 02452200041220

Bank Details : Syndicate Bank

Branch Details. : ABSMIDS Branch

IFSC Code. : SYNB0000245

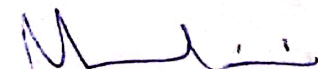
Mode of payment : Gpay Phonepe Paytm NEFT/RTGS

Account details of money transfer: 33136850620

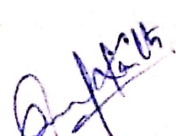
Account holders name : chandra.kanth.kasaju

Transaction ID: ISPRP211609852876099

Phone Number Of Transfer Details : 7204925520


Signature of HOD

(mandatory for student delegate)


Signature of Delegate

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

ABSTRACT FORM

ISPRP Membership Number : 0600

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: SMART ORAL HYGIENE : A modern approach

Category: Original research Case report / series Survey

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

Implants

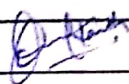
Name of the presenters:

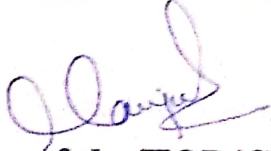
1. DR. CHANDRA KANTH ISPRP
2. _____
3. _____

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

Name of the Guide:

Name of the institution:

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.		7204925520	chandra.kanth.kasojka@gmail.com
2.			
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)