



# 1<sup>st</sup> VIRTUAL ISPRP NATIONAL CONFERENCE 2021

## REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms SHANTALA K. KALAGUJJI

Designation : POSTGRADUATE

Specialty : PERIODONTICS & ORAL IMPLANTOLOGY

Institution : AJ INSTITUTE OF DENTAL SCIENCES

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Scientific Presentation: Paper  Poster  None

Faculty  Postgraduate  Intern

Year of Postgraduation:

### 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  DEBIT CARD

Account details of money transfer: 8633101406412

Account holders name : SHANTALA . K. KALAGUJJI

Transaction ID: ISPRP211609452929625

Phone Number Of Transfer Details : 9480524958

Signature of HOD

(mandatory for student delegate)

Signature of Delegate

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