



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

## REGISTRATION FORM

Please affix a  
passport size  
photo

Name : Dr./Mr/Mrs/Ms ARYA ASHOK

Designation : POST GRADUATE STUDENT

Specialty : DEPARTMENT OF PERIODONTOLOGY

Institution : A.J. INSTITUTE OF DENTAL SCIENCES

Contact Address : Department of periodontology, A.J. Institute of  
Dental Sciences, Kuntikana, Mangalore.

Contact Number : 7510811285

Email id : draryaashok92@gmail.com

Scientific Presentation: Paper  Poster  None

Faculty  Postgraduate  Intern

Year of Postgraduation: 2018 - 2021

### 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: AccNo:- 8633101409038


Account holders name : ARYA ASHOK

Transaction ID: 202136931854229 [CC Avenue No:- 110053649732]

Phone Number Of Transfer Details : 7510811285 8892402514 / 7510811285

  
Signature of HOD

(mandatory for student delegate)

  
Signature of Delegate

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



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

## REGISTRATION FORM



Name : Dr./Mr/Mrs/Ms ARYA ASHOK  
Designation : POST GRADUATE STUDENT  
Specialty : DEPARTMENT OF PERIODONTOLOGY  
Institution : A.J. INSTITUTE OF DENTAL SCIENCES  
Contact Address : Department of Periodontology, A.J. Institute of Dental Sciences, Kuvshikara, Mangaluru.

Contact Number : 7510811285

Email id : aryyaashok92@gmail.com

Scientific Presentation: Paper  Poster  None

Faculty  Postgraduate  Intern

Year of Postgraduation: 2018 - 2021

### 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: AcctNo:- 8633101409038

Account holders name : ARYA ASHOK

Transaction ID: 202136931854229 [CC AVANCE No.- 110053649732]

Phone Number Of Transfer Details : 7510811285 / 8892402514 / 7510811285

Signature of HOD  
(mandatory for student delegate)

Signature of Delegate

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

## ABSTRACT FORM

ISPRP Membership Number : 0292

Category of participation: ( Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: An interdisciplinary approach in the

treatment of a fractured tooth with periodontal involvement using

single flap approach along c PRF: A case report with 1 year follow up

Category: Original research  Case report / series  Survey

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

Implants

Name of the presenters:

1. DR. ARYA ASHOK **ISPRP**

2. DR. RITIKA PUNDIR

3. \_\_\_\_\_

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

Name of the Guide: Dr. Nagarathna

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

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.	<u>Arya</u>	7510811285	draryashok92@gmail.com
2.	<u>Ritika</u>	9900872701	
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)