



**36th ANNUAL CONFERENCE OF ASSOCIATION
OF PHYSICIANS OF INDIA-RAJASTHAN CHAPTER**



Organised by : **API Jodhpur Branch & Department of Medicine, SNMC**

Theme : **Empowering Physician - Transforming Care**

Date : 26th-27th OCTOBER, 2024 | Venue: Dr. S. N. Medical College, Jodhpur

REGISTRATION FORM

Title : Dr. Prof. Mr. Ms. Mrs.

Gender : Male Female

Category : If member of API, Membership No.

First Name : Last Name :

Designation : Applicant Institution :

Mailing Address :

City : State : Postal Code :

Mobile No. : Email : Nationality :

*** It is important that you provide an Email & Mobile number so that future communication can be sent to you via SMS/Email.**

Accompanying Person Name : 1 2 3

REGISTRATION FEE

Category	Early Bird upto 31st May, 2024	1st June to 31st July, 2024	1st August to 30th September, 2024	1st October 2024 till Spot
RAJAPI Member	2500 INR	3000 INR	4000 INR	5000 INR
Non Member	3000 INR	4000 INR	4500 INR	5500 INR
PG Students	2000 INR	2500 INR	3000 INR	5000 INR
Accompanying Person/Spouse	2500 INR	3000 INR	4000 INR	5000 INR
Corporate Delegate	4000 INR	5000 INR	7000 INR	10000 INR

Merchant Name :
ASSOCIATION OF PHYSICIANS
UPI ID : 9414129674@sbi



Please find below the account detail to transfer the amount through NEFT/RTGS/CHEQUE & DRAFT

Account Name : Association of Physicians of India, Jodhpur Chapter **Bank Name** : State Bank of India

Account No. : 51039227724

Branch : Jalori Gate, Jodhpur

IFSC Code : SBIN0031201

I am enclosing here with Cheque / DD / NEFT Detail:

Number :

Date :

For INR :

Drawn on Bank :

in favor of ----- payable at Jodhpur.

Conference Secretariat :

Dr. Gautam Bhandari, Organising Secretary

672, Samanvaya Nagar, Pal Road, Jodhpur, Rajasthan

Ph.: 94141 29674 | Website: www.rajapicon2024.com | Email: rajapicon2024@gmail.com