

National Interdisciplinary Postgraduates Symposium, 2022

March 30th – April 1st 2022

Venue: GSL Dental College & Hospital, Rajahmundry, AP

REGISTRATION FORM



SOFT / HARD
COPY OF
PHOTO

Full Name : _____ DCI Registration No. : _____

Name of the College : _____

Postal Address : _____

City : _____ State : _____ Pincode : _____

Mobile No. (Whatsapp No.): _____ E-mail : _____

Student Delegate: without accommodation 2 days accommodation 3 days accommodation

Total Amount Paid : _____ (In words) _____

Payment Mode: UPI NEFT/RTGS

BANK DETAILS

Account Name : "PRINCIPAL GSL DENTAL COLLEGE"

Bank Name : UNION BANK OF INDIA, AP.

Account number : 151511100000353

IFSC Code : UBIN0815152

Transaction Details with date: _____



Symposium Tariff

Registration Categories	Without accommodation Till 30 th Jan 2022	Without accommodation 1 st Feb to 28 th Feb 2022	Without accommodation 1 st March to 28 th March 2022	Without accommodation Spot registration
PG Students	Rs. 3700/-	Rs. 4200/-	Rs. 4700/-	Rs. 5700/-
Faculty	Rs. 4999/-	5499/-	Rs. 5999/-	Rs. 6999/-

FOR FIRST 200 FEMALE PG REGISTRATIONS

In Campus Accommodation

**Non-A/C Triple Sharing with 2 complimentary breakfasts
Coupons at Habitat restaurant**

1300/-	3 days & 2 nights
2000/-	3days & 3 nights

LEASE NOTE:

- In-campus accommodation on a triple sharing basis for the first 200 registered female pg students.
- Two-day accommodation includes 2 breakfasts, 2 lunches & 2 gala banquets, and Three day accommodation includes 3 breakfasts, 3 lunches & 2 gala banquets.
- Registration amount is non-refundable (Possible only in special conditions with prior approval of Organising Committee).
- Check-in time for all delegates is 12:00 noon on 30th & 31st March, 2022 (based on days of accommodation selected) and check-out time is 3:00 pm on 1st April 2022.
- Scan/Docx./Pdf of the completely filled registration form should be sent to

email id - idsopath@gmail.com (for oral pathology)

idsomfs@gmail.com (for omfs)

idsomr@gmail.com (for omr)

I have read and understood all the conditions of registration and agree to the same.

HOD Signature with seal (In case of PG's)

Signature Of Delegate

for any query please contact : 9346758879 (Dr.Ramya) ,
9948325066 (Dr.Srikanth)

IMP NOTE: Once the payment is done, the transaction details of the payment/screenshot along with the scanned copy/photo of filled registration form should be sent to their respective department email ids as given above. Failing to do so the registration will not be valid.