Registration Form

(Please fill in capital letters)

Name: ..... Age: ..... Sex: .....

Mobile no.: ..... Email: .....

Address: ..... City: .....

State: ..... PIN: ..... Country: .....

Institute / Hospital: .....

PGT ☐ Non PGT ☐

I hereby enclosed cheque/demand draft/RTGS/NEFT/money transfer through net banking no. ..... Date ..... Drawn on ..... in favour of "Institute of Pulmocare & Research".

Date: ..... Signature: .....

.....

Registration fees:

Registration till **9th May 2026:** PGT: Rs. 1000/- Non PGT: Rs. 1500/-

Spot registration: PGT: Rs. 2000/- Non PGT: Rs. 2500/-

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Bank details:

A/c Name: **Institute of Pulmocare & Research,** A/c No.: **31344713421**

A/c type: **Savings** IFS code: **SBIN0012360**

Name of the Bank: **State Bank of India**

Branch Address: **CF Block, Saltlake, Kolkata – 700064.**

PAN No.: **AAAAI0592E**