



37th Annual Conference of IAP National Respiratory Chapter



21, 22 & 23 November 2025
Nagpur, Maharashtra

REGISTRATION FORM

Date:

Receipt No: (for office use only)

*Title: Dr. Prof. Mr. Mrs. Ms. (Please tick as appropriate)

*IAP Member: Yes No *IAP Membership No :

PG Student Accompanying Foreign Delegate

*State Council Registration No :
.....

*First Name:..... Last Name:.....

Institute:..... Designation:.....

*Address:.....

*City:..... State:..... Pin Code:.....

Country:..... Phone: (with Std Code)..... Mobile (Mandatory).....

*Email (Mandatory):.....

Accompanying Person Details:

Full Name:..... Age:.....

Full Name:..... Age:.....

*PG Students should submit the bonafide certificate from Head of the Department/Institution along with Registration form

Amount Paid for - Conference Rs. Accompanying Person: Rs.....

Total Paid Rs..... Amount in word:.....

Mode of Payment: Cash Cheque/ DD NEFT/RTGS/Paytm/PhonePay/Gpay

DD/Cheque/ Paytm/PhonePay/Gpay/ NEFT Transaction No:..... Date.....

DD/ should be in favor of "RESPICON 2025" payable at Nagpur

Bank Details :

Name: RESPICON 2025
Account No: 50200106346811
Name of the Bank: HDFC Bank
Branch: Khamla Nagpur
IFSC Code: HDFC0003358



QR Code for Payment

pay and send screenshot with registration form to secretaryrespicon2025@gmail.com or 9623935089

Registration Contact

Mr. Prakash
Event Partner
M: 9623935089

Correspondence Address

Dr.Shilpa Hazare - Organising Secretary

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