



36th Annual Conference of Cardiological Society of India, Delhi Branch

Date : March 26th -27th , 2022

Venue: Hotel Ashoka, New Delhi

Delegate Registration Form

Name: _____

Title/ Position: _____

Department/ Hospital: _____

Address _____

_____ City: _____ Zip Code : _____

E-mail _____ Fax _____ Mobile _____

Accompanying person/s name/s : _____

Payment may be made by Demand Draft/ Cheque in favour of Cardiological Society of India Delhi Branch payable at New Delhi

DD/Cheque No. _____ Dated _____

Drawn on bank _____ Branch _____ Rs. _____

Signature: _____

Registration Fee			
	Up to 28 th Feb 2022	Up to 20 th Mar 2022	Spot (only cash payment)
CSI DB Life Member/ Associate Member	Complementary	Complementary	5000/-
Student/PG's*	1000/-	2000/-	4000/-
Non Member	3000/-	5000/-	7500/-

* Registration is compulsory to all, for security reasons to enter the venue.

** Students must forward Registration form by the Head of Institute or Guide.

This form to be sent to:

Dr Nitish Naik (Organizing Secretary)

Room No.25, 7th Floor, Dept. of Cardiology,
C T Centre, All India Institute of Medical Sciences,
Ansari Nagar, New Delhi-110029

Ph.: +91-11-26593218 (O) • Mobile +91-9810416170, 9711665589

E-mail: secretarysidb2013@gmail.com

Website: www.csidelhi.in

For Official Use

Received on

Office Reg. No.