



39TH ANNUAL CONFERENCE OF CARDIOLOGICAL SOCIETY OF INDIA-DELHI BRANCH

DATE: MARCH 08TH & 09TH, 2025 | VENUE: HOTEL THE LALIT, BARAKHAMBHA ROAD, 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 favor of Cardiological Society of India
Delhi Branch payable at New Delhi

DD/Cheque No. _____ Dated _____

Drawn on bank _____ Branch _____ Rs. _____

REGISTRATION FEE

	Up to 1 st March	Spot (only cash payment)
CSI DB Life Member/Associate Member	Complimentary	Rs. 5000/-
Student /PG's **	Rs. 1000/-	Rs. 5000/-
Other	Rs. 4000/-	Rs. 5000/-

***last date for delegates registration is 03rd Mar 2025**

* 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:

Organising Secretary and Conference Secretariat

DR. GIRISH MP

Room No. 125, Academic Block, First Floor, Department of Cardiology
GB Pant Institute of Post Graduate Medical Education and Research,
New Delhi -110002 | Mobile: 9891117573

For Official Use
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For More Information-Contact

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