



40th Annual Conference of Cardiological Society of India, Delhi Branch

Date: March 7th-8th, 2026

Venue: Hotel Le Meridien, Windsor Place, 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 20 th February 2026	Spot (only cash payment)
CSI DB Life Member/ Associate Member	Complementary	3000/-
Student*	1500/-	3000/-
Non Member	3000/-	5000/-

* 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. Satyavir Yadav (Organizing Secretary)

DELHI HEART HOUSE

B3/5, Basement Safdarjung Enclave New Delhi-110029

Mobile +91-11-8953921091/8287897807

E-mail: secretarycsidb2015@gmail.com

Website: www.csidelhi.in

For Official Use

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