



REGISTRATION FORM



PHYSICON-2019

XXXIst Annual Conference of the Physiological Society of India
15th – 17th November, 2019

Name: Prof./Dr./Mr./Ms.....
 Designation.....
 Department:.....
 Institution.....
 City..... State.....
 Country..... Pin code.....
 Tel. No. (O)..... (R).....
 Mobile..... Email.....
 (Please tick the appropriate)

Sex	Male		Female
-----	------	--	--------

Are you Life Member of the PSI?	Yes		No	
---------------------------------	-----	--	----	--

You are registering as

Delegate		Ph.D Scholar	
Associate Delegate		PG Student	
Foreign Delegate		Accompanying Person	

Accommodation opted for

Guest House		Hotel		Own Arrangement
-------------	--	-------	--	-----------------

Preference of Food

Food Habit		Vegetarian		Non-Vegetarian
------------	--	------------	--	----------------

If Hotel, Specify type/ category (follow tariff chart)

Date of Arrival with time.....
 Delegate Registration Fee: Rs.....
 Associate Delegate Fee: Rs.....
 Foreign Delegate Fee: US\$.....
 Ph.D Scholar Fee: Rs.....
 PG Student Fee: Rs.....
 Accompanying Person Fee: Rs.....
 Accommodation Fee: Rs.....
 Grand Total: Rs.....
 Enclosed DD No..... Date.....

For Rs..... in favour of '**Bankura Christian College**' payable at **SBI, Bankura (A/C No – 11110245059 IFS Code: SBIN0000022 MICR: 722002002).**

Date:

.....
Signature