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| Logo of IAPMR | **DelhiPMRCon 2019****30 Nov-1st December 2019** **14th Annual Conference of****Indraprastha Association of Rehabilitation Medicine****(ABVIMS & Dr RML Hospital, New Delhi)**  | https://i1.rgstatic.net/ii/institution.image/AS%3A794269593911297%401566380036263_l |
| **Registration Form**Name: …………………………………………………………………….………………….Designation: ……………………………… Institution: ……………………………………………Mailing Address: ……………………………………………………………………………………Mobile: …………………… E-mail: …………………………………….…................................Presentation: IPARM Gold Medal session: Yes/No**Last date for IPARM Gold Medal Abstract Submission: 1st November 2019** [Open only for IPARM member resident doctors (JR/SR)]**Email Abstract to Dr Deepak Kumar (**deepdixit7200@gmail.com)Delegate Category: IPARM Member: Yes/NoRegistration fee: **Rs 3000/- Only**  **Last date for Registration: 15th November 2019.**  **After that spot registration charges would apply: Rs 4000/-** I am enclosing herewith Cheque/NEFT ………… Dated ……… for Rs ….…… as registration fee drawn on bank ……….…………………… in favor of ‘**Indraprastha Association of Rehabilitation Medicine’** payable at New Delhi.NEFT: Punjab National Bank, Sarita Vihar Branch, New Delhi. A/c No.: 3976000100067179, IFSC Code: PUNB0397600.**Signature of the Delegate****Conference Secretariat:****Dr Shipra Chaudhary****Organizing Secretary DelhiPMRCon 2019****Room No 302, Dept of PMR, OPD Block, 3rd Floor****ABVIMS & Dr RML Hospital, New Delhi 110001.****Email: shipc76@gmail.com** |
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