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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](mailto:deepdixit7200@gmail.com))  Delegate Category: IPARM Member: Yes/No  Registration 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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