

CIMAR PERICON 2024

25th & 26th May, 2024

CIMAR THE Women's Hospital, Kanimangalam, Thrissur, Kerala



Registration Form

Title : Prof/ Dr/ Mr/ Ms _____

Gender : Male Female

First Name _____ Last Name _____

Institution _____

Correspondence Address _____

City _____ Pin Code _____ State _____ Country _____

Mobile No. _____ Email _____

(All the above fields are mandatory)

Registration Fees

Registration Category	Workshop - Guideline Based Ultrasound (With Live Demos) - 25 May, 2024	Conference - 26 May, 2024
PG Student	INR 950 <input type="checkbox"/>	INR 1500 <input type="checkbox"/>
Delegate	INR 1200 <input type="checkbox"/>	INR 1800 <input type="checkbox"/>

Note: PG Student need to Submit Bonafide Certificate from HOD

Inclusive of 18% GST

Registration Includes

- Lunch on 26th May
- Tea / Coffee Served During the Conference
- Conference Kit

Mode of Payment

1) To Register Online Visit: www.cimarpericon2024.com

2) Bank Draft/Cheque - To be made in favor of "EDAPPAL HOSPITALS PVT LTD"

Cheque / Draft No

Total Amount

Bank Transfer Details

Account Holder Name: EDAPPAL HOSPITALS PVT LTD

Account Number: 916020031690313

Bank Name & Address: Axis Bank,

R.S. NO.505/3, PATHADI PALAM, SOUTH KALAMASSERY, KOCHI - 682033 ERNAKULAM, KERALA

IFSC Code: UTIB0001647

Note: *Kindly email us bank deposit slip / UTR number along with duly filled Registration Form once you made the payment for our record.

Conference Manager's

For Further Details Contact:

Mrs Ancy: +91 8089612223 | +91 8590534942



Conferences International

B-220/2, 2nd Floor, Opposite Kali Masjid,

Savitri Nagar - New Delhi - 110017

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Email Id: cimarpericon2024@gmail.com