

COMPREHENSIVE INTERVENTIONAL PAIN MANAGEMENT WORKSHOP

CIPM-XV , 12th - 15th MAY 2022

Venue: Anatomy department, MGM medical college, Kamothe, Navi Mumbai

Registration Form

Name: Dr _____

Designation: _____

Name of the institution: _____

Address for communication - _____

Mobile: _____ E-mail: _____

Registration Fees Details Conference with workshop –

CATEGORY	BEFORE 31st March	31ST March – 15th April	15th April – 30th April	After 30th April
INDIAN	INR 30000	INR 35000	INR 40000	INR 45000
INTERNATIONAL	USD 1000	USD 1200	USD 1400	USD 1600
STUDENT	INR 25000	INR 30000	INR 35000	INR 40000

Mode of payment: NEFT/DIRECT BANK TRANSFER (EMAIL YOUR PAYMENT SCREENSHOT AFTER SUCCESSFUL PAYMENT)

Amount – NEFT/SWIFT Bank details

Date of payment - _____

Bank Details –

Account Number – 000412100061498

Payee Name - Pain Clinic Of India Pvt. Ltd. Conference account

Bank name and Branch address -

The Bharat Cooperative Bank (Mumbai) Ltd., Near Ambedkar Garden, Chembur East, Mumbai-400071,

IFSC Code - BCBM0000005

SWIFT Code – BCMLINBB

Contact for more info - +91 9320027500 (Ms Jimmy)

+91 9022888333 (DR Kailash Kothari)

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Website – www.painclinicofindia.com