

30th Annual Conference-2022
INDIAN PHARMACOLOGICAL SOCIETY
ODISHA STATE BRANCH
KALINGA INSTITUTE OF MEDICAL SCIENCES (KIMS)
BHUBANESWAR-24
Registration Form

1. Name:
 2. Designation:
 3. Organization:
 4. Sex: Male Female
 5. National membership: Life Ordinary Non-member
Membership no:
 6. Postal Address:

Mobile: Mail ID:
 7. Food Preference: Veg / non veg
 8. Presenting paper: prize / free / poster / no
 9. Attending conference as:
 Delegate / Associate delegate / Student
 10. Accommodation required: Yes / No
 11. Remittance details for registration: Rs
 12. Mode of payment: Online transaction- NEFT/Google pay/phone pay/ other UPI
Account Number - 1346100100009306 Branch- KIMS, Bhubaneswar
IFSC number- PUNB0134610 Transaction Id
- Account name- 30TH ANNUAL CONFERENCE INDIAN PHARMACOLOGICAL
SOCIETY OSB

Instruction for registration

1. Instruction for registration- Registration form can be submitted through post or the scanned copy can be mailed to 30thipsosbkims@gmail.com
2. The money should be submitted through online transaction and the transaction ID should be mentioned.