IAPP 2025

Registration Form

	Last	Middle	First	
Name				
Date of Birth		Gender M F		
Address				
		District		
State		Pin/Zip/Post Cod	de — — —	
Country				
Ц				
Contact numbers (with STD Codes)				
Mobile		Resident/ Office		
E-mail				
Qualifications				
			Year	
*State Council Reg.	No.	*IAPP Membership No.		
Accompanying 1			Age	
Persons 2.	tory Tory		H Age	

Registration mandatory for all attendees

Registration payment to be drawn in favor of: Account Name: Indian association of Private Psychiatry Bank

Name: Bank of Baroda

Account Number: 12990100011150

IFSC Code: BARBODBDHEB

Branch: DHEBAR BHAI ROAD, RAJKOT, 360001

Completely filled Registration form & Payment Screenshot will be sent to

Dr Mrugesh vaishnav, +91 98257 67565 Dr. ACHYUT TRIVEDI, 9001796151 Note - No cheques & DD will be accepted. After completing the registration form, Please share

number.

1APP 2025



IAPP Member Accompanying	590₹
IAPP Member Non IAPP Member	590₹
Accompanying Non IAPP	590₹
Member	590₹
Student	590₹
Corporate Registration	590₹

All figures in INR, figures are (GST included)

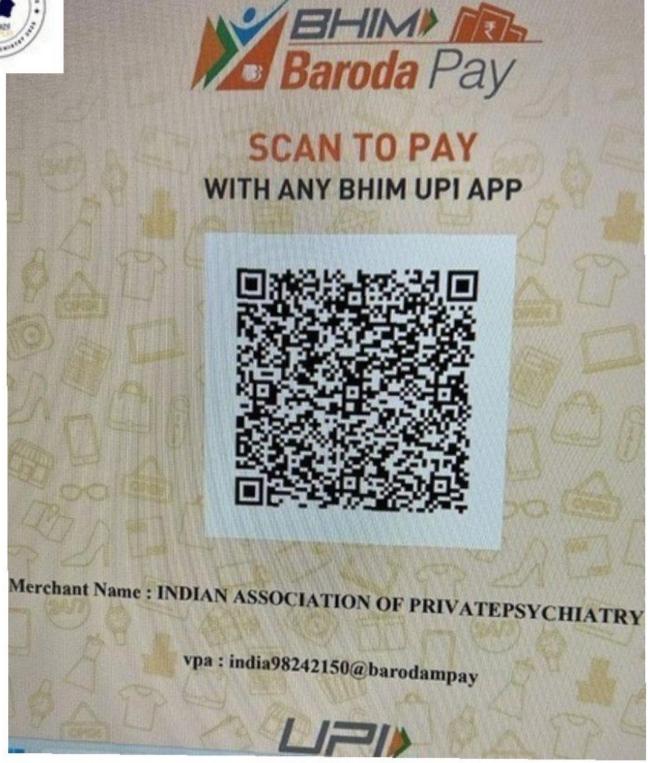
For Any Query - Contact

Organising Secretary

Dr Achyut Trivedi

Mobile: +91 9001796151





Scan this QR code for payment

Note - Once the Registration form and it's payment is completed share the information regarding its completion on t' 13/18

number.

Dr . Achyut Trivedi - 9001796151 Dr. Mrugesh vaishnav - +91 98257 67565