



ANNUAL CONFERENCE API

(GUJARAT CHAPTER)

APICON & 45TH APGCON

10 & 11 MAY-2025

Taj Gandhinagar Resort & Spa

REGISTRATION FORM

Conference Reg. No.:			
Medical Council Reg. No.:		Place	
Name:			
	Surname	First Name	Father's/Husband's Name
Address:			
City:		State:	
Phone:	Hospital:	Clinic:	

REGISTRATION FEES

Residential		After 25th April
Single (Twin Sharing)	₹ 4,000/-	₹ 6,000/-
Double Occupancy (Per Person)	₹ 4,000/-	₹ 6,000/-
Non-Residential		
Delegate	₹ 2,000/-	₹ 4,000/-
PG Student	₹ 1,000/-	₹ 2,000/-



Please note that displays shows
NGPA Office Address (Vardan Hospital),
Your money will go
to NGPA Axis Bank Account.

Payment Mode:

Cash/Cheque / DD No.		Dated:	
Amount	₹	In Words	
Bank		Branch :	

Kindly send the Cheque / DD in favour of "North Gujarat Physician Association Cheritable Trust" Payable at **Idar (Sabarkantha)**

Bank Details :

Bank Name: Axix Bank | A/c. No.: 917010086630175 | IFSC Code: UTIB0000877

Kindly send the Registration Form to:

Organizing Chairman: Dr. M.M. Surti
Organizing Secretary: Dr. Ronak Modi

For any queries please contact:
+91 99798 87992