

**International Conference on Reproductive Health with
Emphasis on Strategies for Infertility, Assisted Reproduction and Family Planning**

&

27th Annual Meeting of the Indian Society for the Study of Reproduction and Fertility (ISSRF)

23rd – 25th January, 2017

Indian Council of Medical Research, New Delhi-110 029

REGISTRATION FORM

Mail to: issrf2017@gmail.com, Dr. R. S. Sharma, Organizing Secretary, Division of Reproductive Biology and Maternal Health, Indian Council of Medical Research, Ansari Nagar, New Delhi-110029 (India).

Delegate Name:

Prof./Dr./Mr./Mrs./Miss _____

Name : _____

(First Name)

(Last Name)

(Middle Name)

Mailing Address _____

_____ Pin _____

Cellphone No. _____ E-mail _____

Whether submitting an abstract (please tick) Yes No

Title of the abstract : _____

Accompanying person's Name

1. _____ Sex _____

2. _____ Sex _____

3. _____ Sex _____

Accommodation required : Yes No

(If yes, please fill the enclosed accommodation form)

Member of ISSRF : Yes No

Particulars of registration fee sent

Demand Draft /Cheque No. _____ Bank _____

Direct Bank Transfer (NEFT/ RTGS): Yes No

Amount (Rs./US\$) _____ Dated _____ Bank Transfer ID _____

I accept the terms and conditions for cancellation of registration.

Passport No. _____ Place of issue: _____ Validity up to: _____

(Foreign Nationals only)

Nationality : _____

Dated

Signature

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ACCOMMODATION FORM

Delegate Name:

Prof./Dr./Mr./Mrs./Miss _____

Name : _____

(First Name)

(Last Name)

(Middle Name)

Mailing Address _____

_____ Pin _____

Cellphone No. _____

E-mail _____

Accompanying person's Name _____ Sex _____

Type of accommodation required : Single Bed Double Bed

Guest House - (Govt.) (Private) Hotel Hostel .

Total No of days _____ Date of arrival _____ departure _____

Mode of transportation : Air Train Bus

Particulars of accommodation charges sent:

Demand Draft No. _____ Bank _____

Direct Bank Transfer (NEFT/ RTGS): Yes No

Amount (Rs./US\$) _____ Dated _____ Bank Transfer ID _____

I accept the terms and conditions for cancellation of registration.

Interested for post conference tour - Yes No

If yes, within Delhi Around Delhi

Jaipur Agra Haridwar Shimla Nainital Others

If Others Please Specify _____

Dated

Signature