



TANPSYCON 2021

Dates: 10th - 12th September 2021

CONFERENCE REGISTRATION FORM (Please fill in BLOCK LETTERS)

Name of the Delegate :

Age/Sex :

TN-IPS Number :

Designation & Institute :
(If P.G Please provide a Bonafide Certificate)

Address with Phone Number :

Mobile No. with Whatsapp :

E-mail :

TNMC Registration Number & State :

Food Preference : Vegetarian Non-Vegetarian

Registering for Pre Conference Workshop : Yes No

(Additional Rs. 500 to be paid to the conference amount)

Accompanying Persons

S.No.	Name	Age/Sex	Relationship	Veg/ Non-Veg

Payment Details

Mode of Payment : Demand Draft Cheque Online Transfer

Reference Number :

Bank Name :

Amount Paid :

Date :

Cheque / Demand Draft to be drawn in favour of payable at

AC Name: **Indian Psychiatric Society Tamilnadu chapter**
AC No: **6360 2010 111 712**
Bank Name: **Canara Bank**
Branch Name: **Tiruchirappalli Branch**

Account Type: **Current Account**
IFSC Code: **CNRB0016360**
MICR : **620015051**

SECRETARIAT ADDRESS

Dr. P. Anandhan, Organising Secretary
No. A2, Shanthi Apartments, 18, TTK 1st Cross Street, Alwarpet, Chennai- 600018
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