



CONFERENCE REGISTRATION FORM

Name

(As needed on Certificate & Badge)

Date of Birth Sex M F Others

Address

District

State Pin/Zip/Post code

Country

Contact numbers (with STD Codes)

*Mobile Residence/Office

*E-Mail

*Qualification Year

*State Council Reg. No.

Membership No (IPSEZ/IPS)

Accompanying Persons

1) Name _____ Relationship _____ Age _____ Gender _____

2) Name _____ Relationship _____ Age _____ Gender _____

3) Name _____ Relationship _____ Age _____ Gender _____

*Details mandatory

Registration Mandatory for all Participants

Category	Upto 10 Oct '24	11 Oct '24 to 20 Nov '24	After 20 Nov '24 & On Spot
A. Members of IPS East Zone	10000	12000	14400
B. Members of IPS but not IPS East Zone	14000	16800	20160
C. IPS East Zone Non Member*	12000	14000	16400
D. Accompanying persons	5000	6000	7200
E. Post Graduate Students	5000	6000	7200
F. Corporates	16000	19200	23040

*IPS East Zone Non Member - Member of IPS who are not members of IPS East Zone and want to be members of IPS East Zone will be considered in this category. They will fill up the application form available in the link, fill it up duly and send. The fees of IPS EZ Life Membership will be sent to the Zonal Branch. Otherwise they will have to pay as in Category B.

REGISTRATION Kindly fill the registration form in the brochure. Make payment as per instructions given. Please attach the transaction proof alongwith the reference number without which registration will not be confirmed. Please send the complete form alongwith the photograph, ID proof and payment proof by post or email.

For Memberships of IPS East Zone, please visit the website <https://ipseastzone.org/member-signup1.php> and follow the necessary steps. In order to avail concession in registration fees, it is required to send the following documents:

1. IPS East Zone Membership Form Duly filled on the website
2. Payment Proof (IPS EZ Membership fees)

Last date of receipt by Post - 25 Nov 2024 & Last date of receipt by E-Mail - 20 Nov 2024

Name of account	CEZIPS 2024
Account number	1248102100001594
Bank name	Punjab National Bank
Branch	MALGODOWN
IFSC code	PUNB0124810

Payment Details

Duly filled form along with the payment details/cheque/DD should be sent to Conference Secretariat address

Cheque / DD / NEFT / UTR / Transaction No: _____

Bank: _____

Date: _____

Amount: _____

(In number& words) _____

ENTITLEMENTS

Delegates attending physically

- Delegate Kit
- Inaugural function, Scientific sessions & Social Evenings
- Lunches & Dinner during the conference
- Exhibition Area
- Souvenir
- Certificate of Attendance from - *Odisha Council of Medical Registration*

Accompanying persons attending physically

- Inaugural function & Social Evenings
- Lunches & Dinner during the conference
- Spouse gift (If any)
- Participation in spouse & children's programs

TERMS & CONDITIONS*

Mandatory Requirements

- Recent passport size colour photo
- Photo ID Proof (valid Driving License/Passport/Election Card/Aadhar Card)
- E mail ID & Mobile No
- Others: First name, Last name, Address, State, Pin code, Institute/Hospitals

Registration Guidelines

- Above fees is inclusive of Goods & Service Tax
- Payment Options
 - Online – NEFT, IMPS, Bank transfers & Debit or Credit cards
 - Offline – Cheque & Demand Drafts
- Online payments via Credit or Debit Cards will attract bank charges at scheduled rates
- All Remittance/Bank charges/Online transaction fees are to be borne by the registrant.
- Letter from HOD is mandatory for Post graduate residents for registration
- Conference registration is mandatory for presenting paper in CME, symposia & workshops
- Registration is mandatory for all delegates including children 5 Years and above
- Bonafide Senior Members of 65 years and above are exempted from the Registration Fees
- Photo ID is mandatory for all delegates for security reasons to enter the conference area
- Please ensure to wear registration badge all the time (Bar Coded) during the conference
- Entry for accompanying persons may be restricted to certain areas including Scientific Halls
- No credit policy for registration fees. Registration fees mentioned is non-negotiable

- Registration is non-transferable
- Kindly do not post/courier any registration form after 25 November 2024
- The organizing committee is not responsible for payments made in any form without registration form and details of payment. Organizing committee will not entertain requests to refund the same
- Delegate must bring the acknowledgment letter/payment receipt with registration number during the conference for badge collection
- Conference kit would be handed over only to the registered delegate with photo id
- For spot registrations: payment will be accepted only by mode of Cash, Debit/Credit Card & UPI Payment
- While sending Offline Registration Via courier if you are making payment via UPI payment kindly attach UPI payment bank transfer details along with Filled Registration form.
- Conference kit will not be guaranteed for registration done after 1 November 2024

Cancellation and Refund Policy

- Upto 10 October 2024 : 20 %
- From 11 October 2024 to 25 November 2024 : 50 %
- From 26 November 2024 : No refund
- Refund will be solely at the discretion of the Organizing Committee and will be made after the conference

Duly filled forms along with the payment details/cheque/DD should be sent to
Conference Secretariat address:

SECRETARIAT CEZIPS 2024

Room No 11, Psychiatry OPD, Dept of Psychiatry, Hi-Tech Medical College and Hospital,
Health Park, Pandara, Bhubaneswar, Odisha - 751025

Important Contacts

Organising Chairperson
Dr Samrat Kar
samrat912@gmail.com
9437163406

Organising Secretary
Dr Amrit Pattojoshi
dramritp@yahoo.com
9438148100

Joint Organizing Secretary
Dr. Debadatta Mohapatra
2000debec@gmail.com
9437658251

Treasurer
Dr. Tanmaini Das
tanmainidas@gmail.com
9861065044