7th Annual Conference of

INDIAN PSYCHIATRIC SOCIETY
TELANGANA STATE BRANCH

TSPSYCON-2021

31st July - 1st August, 2021 at Hotel Taj Krishna, Hyderabad

REGISTRATION FORM

Name : _____

Address : _____

_____ PIN Code: _____

Phone : _____ Email : _____

IPSTSB Membership No. (If Member) : _____

Medical Council Registration No.: _____

Last Date for Regn. : 30th June, 2021

CATEGORY	Rs.
IPS TSB Members	4000/-
Non-Members	5000/-
PG Students/Accompanying Person	2500/-

* PG's Registration form should accompany letter from HOD.

** IPS-TSB Members who completed 65 years of age by 30th June, 2021 are exempt from Registration fee.

Cheque/ DD No. _____ Date: _____

Bank : _____ Amount _____

NOTE Please pay your registration fees by DD/ Cheque drawn in favour of:

Name of the Account : **TSPSYCON (IPS TELANGANA)**
Name of the Bank & Branch : **BANK OF INDIA,** Banjara Hills, Hyderabad-500034, Telangana
Account No. : **863920110001148**
IFSC Code : **BKID0008639**

CONFERENCE SECRETARIAT : Dr. P Chytanya Deepak, Org. Secretary
ASHA HOSPITAL, Road No.14, Banjara Hills, Hyderabad.
Tel : 7702209963, Email: tspsycon2021@gmail.com, Website: www.ipstsb.org