PEDICRITICON 2027 KOLKATA

21ST TO 24TH OCTOBER 2027 | KOLKATA



29TH NATIONAL CONFERENCE OF
THE IAP INTENSIVE CARE CHAPTER

Date : 21st – 24th October 2027 | Venue : Hotel Taj Taal Kutir, Kolkata

REGISTRATION FORM

(PLEASE FILL IN CAPITAL LETTER)

Title: Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Gender: Male ☐ Female ☐ DOB:_____

First Name: _____ Middle Name: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____

Postal Address: _____

City: _____ State: _____ Pin: _____ Meal Preference: Veg.☐ Non Veg. ☐ Jain ☐

Phone (Off): _____(Res):_____ E-mail (Mandatory): _____

Central IAP No.: _____

REGISTRATION TARIFF

EARLY BIRD • REGISTER ON OR BEFORE 28 FEBRUARY 2027

PACKAGE	WHAT IT INCLUDES	PG STUDENTS	DM / IFPCCM / DrNB FELLOWS / SR	CONSULTANTS / IAP MEMBERS	NON-IAP / INTERNATIONAL
P1	Both workshop days + Advanced CME	₹7,000 ☐	₹8,000 ☐	₹10,000 ☐	₹12,500 ☐
P2	Any 1 workshop + Advanced CME + any 1 conference day	₹8,500 ☐	₹10,000 ☐	₹12,000 ☐	₹14,500 ☐
P3	Any 1 workshop + Advanced CME + both conference days	₹10,000 ☐	₹12,000 ☐	₹14,500 ☐	₹17,500 ☐
P4	Advanced CME + both conference days	₹9,000 ☐	₹11,000 ☐	₹13,000 ☐	₹16,000 ☐

REGULAR • FROM 1 MARCH 2027

PACKAGE	WHAT IT INCLUDES	PG STUDENTS	DM / IFPCCM / DrNB FELLOWS / SR	CONSULTANTS / IAP MEMBERS	NON-IAP / INTERNATIONAL
P1	Both workshop days + Advanced CME	₹8,500 ☐	₹10,500 ☐	₹13,000 ☐	₹16,500 ☐
P2	Any 1 workshop + Advanced CME + any 1 conference day	₹10,500 ☐	₹13,000 ☐	₹16,000 ☐	₹19,000 ☐
P3	Any 1 workshop + Advanced CME + both conference days	₹13,000 ☐	₹16,000 ☐	₹19,000 ☐	₹23,000 ☐
P4	Advanced CME + both conference days	₹12,000 ☐	₹14,500 ☐	₹17,000 ☐	₹21,000 ☐

OPTIONAL GALA BANQUET

PG STUDENTS	FELLOWS / SR	CONSULTANTS / IAP	NON-IAP / INTERNATIONAL
+ ₹1,000 ☐	+ ₹1,500 ☐	+ ₹2,000 ☐	+ ₹2,500 ☐

** Registration Fee will be inclusive of GST*

BANK DETAILS

ACCOUNT NAME: SOCIETY OF PEDIATRIC INTENSIVE CARE KOLKATA

BANK NAME: AXIS BANK | ACCOUNT NUMBER: 926010041795116

BRANCH: GURUSADAY ROAD | IFSC CODE: UTIB0005822

REGISTRATION GUIDELINES

- Fellows and PGs have to send a letter from their HOD on their official letter head that they are doing the course.
- P.Gs/Fellows completed within 1yr submit your certificate or provisional certificate to avail the rate.

I am enclosing herewith details of Cheque/Demand Draft/Online Payment .....dated .....
of Rs .....(in words: .....only)
drawn on bank .....In favour of "PEDICRITICON 2027" payable at Kolkata.

Date _____ Signature _____

CONFERENCE SECRETARIAT

DR. PRABHAS PRASUN GIRI | DR. AVISHEK PODDAR
Organizing Secretaries
Add.: Flat no. G1, Oriental Apartment, 15C, Canal, Street Kolkata 14
Ph. No.: +91 90519 58420 | Mail Id.: pedicriticon2027@gmail.com

Conference Manager
B2B HOSPITALITY