



REGISTRATION FORM

(PLEASE FILL IN CAPITAL LETTERS)

PHOTO

DELEGATE DETAILS

Title: []Mr.[]Mrs.[]Ms.[]Dr.[]Prof.

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

Email: _____ Mobile: _____

Name to appear on Badge & Certificate: _____

CSI Membership Number, if Applicable: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Pin Code: _____

Organisation/Institute: _____ Meal Preference: Vegetarian Non-Vegetarian

ACCOMPANYING PERSON(S) DETAILS (IF MORE THAN ONE REGISTER SEPARATELY)

Title: []Mr.[]Mrs.[]Ms.

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

Sex: Male Female Meal Preference: Vegetarian Non-Vegetarian

Email: _____ Mobile: _____

ACCOMPANYING PERSON(S) DETAILS (IF MORE THAN ONE REGISTER SEPARATELY)

PARTICULARS	EARLY BIRD (TILL 28 TH FEB 2025)	REGULAR REGISTRATION (1 ST MAR - 31 ST AUG 2025)	REGULAR REGISTRATION (1 ST SEP - 15 TH NOV 2025)	SPOT REGISTRATION (16 ST NOV 2025 ONWARDS)
CSI MEMBER	14500/-	25000/-	32000/-	48000/-
NON CSI MEMBER	23000/-	32000/-	42000/-	55000/-
PG STUDENT NURSE/TECHNICIAN	6000/-	7500/-	10000/-	12000/-
INDUSTRY	48000/-	55000/-	60000/-	65000/-
FOREIGN DELEGATE	25000/-	35000/-	45000/-	60000/-
ACCOMPANYING PERSON	23000/-	32000/-	42000/-	55000/-

PAYMENT DETAILS:

Please submit by Online payment/DD payable at New Delhi in favour of CSICON 2025 DELHI

Txn /DD No: _____ Dated: _____ Bank Name: _____ Branch: _____

Total Amount (in words): _____

REGISTRATION GUIDELINES :

- Registration can be done in both online and offline modes.
- Registration is mandatory to attend the Conference.
- Accompanying person(s) and children will not be allowed in scientific sessions.
- If there are more than one accompanying person, then each person will have to fill a separate form.
- For Spot Registrations delivery of delegate kit will be subject to availability.
- Delegate Kit is for registered delegate and will be handed over to him / her only.
- Delegate Kit, Program Book, Abstract Book and any other workshop material will not be disbursed after the conference.
- Confirmatory letter/email of registration will be sent within 15 days after realization of payment.
- Fellow/PG Students must submit a bonafide certificate from HOD/Institute along with the registration form.
- Online registration will be closed at midnight on 15th November, 2025. Thereafter, only SPOT REGISTRATION will be available at the conference venue.

OFFLINE REGISTRATION

For OFFLINE REGISTRATION, Demand Draft(DD) should be made in favour of CSICON 2025 DELHI payable at New Delhi (Cheque will not be accepted in any case)

Beneficiary Name: CSICON 2025 Delhi

Account Number: 43695184021

IFSC Code: SBIN0001536

MICR Code: 110002005

REGISTRATION PACKAGE WILL INCLUDE :

- Conference Fee+Conference Kit
- Complimentary Lunch (4-7 December, 2025)
- Inaugural Dinner (4 December, 2025)
- Banquet Dinner (6 December, 2025)
- Visit to Trade Exhibition
- Registration Fee is inclusive of all Taxes

CANCELLATION POLICY :

The last date for receipt of cancellation request is November 15, 2025. Amount will be refunded 30 days after the conference.

CONFERENCE SECRETARIAT:

DR. NITISH NAIK
Organising secretary

DR. RAKESH YADAV
Co-Organising Secretary

THE DELHI HEART HOUSE, B3/5, SAFDARJUNG ENCLAVE, NEW DELHI-110029
ADDRESS FOR CORRESPONDENCE: ROOM NO 22, 7TH FLOOR, DEPT. OF
CARDIOLOGY, AIIMS, ANSARI NAGAR, NEW DELHI-110029, INDIA
M: +91 981046170/9868026888 | Email: csicon2025delhi@gmail.com
Web: www.csicon2025delhi@gmail.com

FOR OFFICIAL USE

RECEIVED ON

OFFICE REG. NO.