



International Academy of Cardiovascular Sciences - India section

8th International Conference

Translational Research in Cardiovascular Sciences

February 5-6, 2016



REGISTRATION FORM

Name:	
Qualification:	
Designation:	
Organization:	
Address for correspondence :	City _____ State _____ Pin code _____ Country _____
E-mail:	
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Presenting paper	Oral <input type="checkbox"/> Poster <input type="checkbox"/> Award <input type="checkbox"/>
Accommodation Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accompanying persons	
Hotel Accommodation:	Hotel category Single/Double Occupancy rate per day 4 Star accomodation - 5000-8000 3 Star accomodation - 2000-6000 Standard Hotel- 1000-2000 University guest house- 750 (Limited occupancy)
Registration categories	Indian delegate <input type="checkbox"/> Indian student <input type="checkbox"/> Foreign delegate <input type="checkbox"/> Foreign student <input type="checkbox"/>
Payment Details:	
Indian delegate: INR 2000	Foreign delegate: \$ 200
Indian student : INR 1500	Foreign student : \$ 100
Amount:	
Mode of Payment	At Par Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Cash <input type="checkbox"/> <i>Foreign delegates can email us at conference@apc.ac.in for payment information</i>
Bank & Branch:	
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Date:

Place:

Signature of Participant:

Note:

- Registration fee is non-refundable.
- DD/At par cheque should be drawn in the favor of "Anand Pharmacy College, Anand"
- Last date for registration is 31 December 2015. For further information regarding registration after 31 December 2015 visit: www.apc.ac.in
- Contact us on +91.98250 74167 for any further information

Note: Student must enclose a bonafide certificate issued by HOD / HOI / Guide

Please send registration form along with DD/Cheque to

Anand Pharmacy College

Opp. Town Hall, ANAND, Gujarat



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ABSTRACT SUBMISSION FORM FOR FREE PAPER PRESENTATION
Dr. N. S. Dhalla Young scientist prize for oral/poster presentation

Title of the paper	
Name of presenting author :	
	Last Name _____ First Name _____
Co-Authors(s):	
Institute:	
Postal address	
	City _____ State _____ Pin code _____ Country _____
Telephone	
Email:	
Abstract (300 words)	

Instructions for author

- ✚ The abstract should be not more than 300 words.
- ✚ The abstract should be typed in the format given and emailed to **conference@apc.ac.in** along with one hard copy latest by 30 November 2015.
- ✚ Type abstract in Times New Roman using font size 12, do not include figure and table.
- ✚ Type concise and self-contained title in CAPITAL LETTER.
- ✚ The presenting author name must be underlined. Total no. of coauthors should be limited to 4.
- ✚ 1m x 1m space will be provided for poster presentation.
- ✚ Poster presentation structure should be in order of introduction, materials and methods, result and discussion, conclusion and bibliography.
- ✚ The presenting author must be a registered delegate.
- ✚ For further information contact: Chairman of scientific committee.

Processing of Abstract:

Abstract will be reviewed by panel of referee prior to final acceptance by scientific committee. Intimation of acceptance/rejection will be done on/before 15 December 2015.

Undertaking

I have read the above instruction and would abide by the decision of the scientific committee; work presented by me will be original and not plagiarized from public domain.

**Place
Date**

Submitting Author's Signature