



Registration Form

Registration No.: .....

Bill No. .... Date ...../...../ 20....

20<sup>th</sup> Annual Conference 2017

**INDIAN SOCIETY OF GASTROENTEROLOGY,  
WEST BENGAL CHAPTER**

**Venue: WESTIN HOTEL, RAJARHAT,  
KOLKATA.**

**Date: 10<sup>th</sup> & 11<sup>th</sup> February, 2017.**

**Name:** .....

**(Block Letter)**

**Address:** .....

**Pin Code. :** ..... **Email:** .....

**Institute:** .....

**Telephone:**

Residence: ..... Mobile No.: .....

**Registration Fee (Before 2<sup>nd</sup> February, 2017)**

Delegate:

Member/Non Member : Rs. **1,000.00**

Student (MD/DM) : Rs. **500.00**

**Rs. 1,000.00 / 500.00, Ch./DD. No.:** .....

Date: ...../...../ 20.....

Bank Name .....

The Cheque/Draft should be drawn in favour of ***“All India Society of Gastroenterology,  
West Bengal”*** as early as possible.

**Secretariat:**

**All India Society of Gastroenterology, West Bengal Chapter**

BS-2 Apartment, Ground Floor,

12A, Suhasini Ganguly Sarani, Near Harish Park.

Kalighat, Kolkata – 700 025. Phone No. 91 33 2223-4744

**Email:** [isgwbc@gmail.com](mailto:isgwbc@gmail.com) **Website:** [www.aisgwbc.org](http://www.aisgwbc.org)

**N.B.:** For registration please contact Mr. Sudipta Chakraborty (9474004960) & Mr. Pratap Pandit (9433380147) at 11 A.M. to 3 PM of all working days at the School of Digestive & Liver Diseases, 4<sup>th</sup> Floor of Ronald Ross Building, Room No-5A, 244 AJC Bose Road, Kol-20.