



AIIMS PULMOCRIT-2025

Update in Pulmonary, Critical Care & Sleep Medicine

(22nd – 23th March, 2025)

Workshop on Basic & Advanced Ultrasound in Critical Care

(20th - 21st March 2025)

Organized by: Department of Pulmonary, Critical Care & Sleep Medicine, AIIMS, New Delhi, INDIA

Under the aegis of "Foundation for Education & Research in Respiratory Medicine (FERRM)"



DELEGATE REGISTRATION FORM

- Notes:
- PG Students Registration subject to endorsement letter forwarded by PG's Head of Department.
 - Conference kit cannot be guaranteed for registrations done after 21st February 2025
 - Cancellation of the registration can be made upto 20th February 2025. Refunds will be made after the event, minus 25% administrative charges.
 - Accompanying persons are **not** entitled for **Workshop Participation and conference kit**; only meals shall be provided.
 - Kindly fill all details in **BLOCK LETTERS**.

Dates	Upto 20 th January 2025		Upto 20 th February 2025		21 st February 2025 Onwards/spot	
	Update only	Update + Workshop	Update only	Update + Workshop	Update only	Update + Workshop
Delegates	INR 2500	INR 7000	INR 3500	INR 8500	INR 4500	INR 9500
PG student	INR 1500	INR 5000	INR 2000	INR 6500	INR 2500	INR 7000
Accompanying Person	INR 2000	—	INR 2500	—	INR 3500	—
Foreign Delegate	USD 200	USD 500	USD 200	USD 800	USD 300	USD 900
Corporate Delegates	INR 3500	INR 8500	INR 4000	INR 10000	INR 5000	INR 12000

* **Workshop Registrations are on first come first serve basis only. Limited to 60 persons**

No Spot Registration for Workshop

* **Registration for Pulmocrit Update is mandatory for submission of case report or original study abstracts and posters.**

Registration for (Please tick ✓) UPDATE ONLY UPDATE + WORKSHOP

REGISTRATION DETAILS

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

Gender: Male Female:

Name: (First) _____ (Last/Surname) _____

Mailing Address: _____

City: _____ State: _____ Pin: _____

Phone (with STD/ISD code): _____ Mobile: _____ (kindly provide)

Email: _____ Diet: Veg Non-Veg

Accompanying Person Details					
S.N.	Title	Full Name	Relationship	Age	Gender
01.					<input type="checkbox"/> M <input type="checkbox"/> F
02.					<input type="checkbox"/> M <input type="checkbox"/> F

PAYMENT DETAILS

Payment should be sent by **Multicity Cheque/Demand Draft** in favour of "**Foundation for Education & Research in Respiratory Medicine**" or "**FERRM**" payable at New Delhi.

Cheque/Demand Draft No: _____ Amount: _____ Dated: _____

Bank Name & Address: _____

Payments can also be made online, transferring directly to the account of "**Foundation for Education and Research in Respiratory Medicine (FERRM)**"

Account No: 41432663188

Bank: State Bank of India, Ansari Nagar, New Delhi-110029

IFSC Code: SBIN0001536

MICR Code: 110002005 Branch Code: 1536

Date: _____ Place: _____ Signature: _____

The registration form duly signed, along with the payment should be sent to the Conference Secretariat:

Prof. Anant Mohan, Co-Organizing Chairman

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