



SINCE 1984

Indian Society for Study of Pain (ISSP)

(Indian Chapter of International Association for Study of Pain)

Office: Department of Anaesthesiology, Dr.RML Institute of Medical Science, Vibhuti Khand, Gomti Nagar, Lucknow (226010)



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Reg.No.: UP/470/84-85

(ACT 21, 1860)

PAN No.: AAAI2502E

GST.NO.: 23AAAAI2502EZJ

PROFORMA APPLICATION FOR BIDDING ISSPCON CONFERENCE- 2028

1. Name of the City Branch Bidding for Conference Venue:
2. Name of the State Chapter Bidding for Conference Venue:
3. Name of the Conference Venue, where Conference will be conducted:
4. Number of Members in the Branch:
5. Name of the Organizing Chairman (of the proposed conference):
6. Name of the Organizing Secretary (of the proposed conference):
7. Financial status of Branch (Attach audited a/c of last 3 years):
8. Is the Conference to be held at Institutional Building or Commercial Space:
9. Do you have manpower to meet the needs of conference:
10. Is Adequate accommodation available near to conference venue:
11. What are the transport facilities available to reach the venue:
12. Proposed registration fee for delegates:
13. Areas of Tourist importance in the surroundings:
14. Will you agree to follow the protocol in conduct of the conference:
15. Entitlements for delegates (pick up, compliments, food etc):
16. Availability of auditorium and additional halls for scientific session:
17. Is space available for Trade & Exhibition:

We, Dr Organizing Chairman and
Dr..... Organizing Secretary on behalf of
.....City Branch &
.....State Chapter accept the responsibility to conduct the
ISSPCON
..... National Conference at.....(place), as per
Constitution of ISSP and we will be responsible for safe conduct of the Conference.
Accounts of the Conference will be submitted within one calendar year of completion of the
Conference. We also agree to remit INR 200000 (Two lakh only) or 33% of the profit from
the conference, whichever is higher, to the national body.

Place: Name & Signature of Organizing Chairman.....

Date: Name & Signature of Organizing Secretary.....

ENDORSEMENT BY CITY BRANCH

Name & Signature of City Br. President
Seal

Name & Signature of City Br. Secretary
Seal



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ENDORSEMENT BY STATE BRANCH

Name & Signature of State Br President
Seal

Name & Signature of State Br Secretary
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P.S. Please insert additional information/documents on additional pages



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