



1ST HCCCON



THE 1ST HYPERTENSION COUNCIL OF CSI CONFERENCE 2025

24th - 25th OCTOBER, 2025

BORGOS, THE WILD HAVEN, KAZIRANGA

REGISTRATION FORM

Name (in BLOCK): _____

MCI Registration No. _____

Mobile: _____ Email: _____

Address: _____ State: _____ Country: _____

Delegates Spouse Students Industry

DATE OF REGISTRATION	DELEGATES	SPOUSE	STUDENTS	INDUSTRY
Before 30th August	10,000	5,000	Free	10,000
1st Sept - 15th Oct	12,000	5,000	Free	10,000
Spot Registration	15,000	7,000	Free	10,000

Please pay in favour of -

Account Name: The 1st Hypertension coun of CSI Conf 25

Bank: HDFC BANK

Account Number: 50200112462021

IFSC Code: HDFC0009584

GSTIN: 18AABTC2219A2ZD

SCAN & PAY



After payment (UPI/NEFT) send the screen shot with the filled up form to  70860 66033

SIGNATURE: _____