

INDIAN SOCIETY FOR STUDY OF PAIN

(INDIAN CHAPTER OF INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN)

Secretary's Office: Dr Pravesh Kanthed, 203-204, MANGLAM PEARL, 633-B, NEW PALASIA
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PROFORMA APPLICATION FOR BIDDING ISSPCON CONFERENCE

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 Organising Chairman (of the proposed conference):
6. Name of the Organising 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 Organising Chairman and
Dr Organising 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 100000 (one lakh only)
or 33% of the profit from the conference, whichever is higher, to the national body.

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

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

ENDORSEMENT BY CITY BRANCH

Name & Signature of City Br. President

Seal

Name & Signature of City Br. Secretary

ENDORSEMENT BY STATE BRANCH

Name & Signature of State Br President

Seal

Name & Signature of State Br Secretary

P.S. Please insert additional information/documents on additional pages

