



Accommodation Request form



39th National Annual Conference Indian Association of Clinical Psychologists-2013 18th - 20th February, AIIMS, New Delhi

<http://www.aiims.edu/aiims/events/NACIACP/index.htm>

Accommodation can be provided from 16/2/13 to 21/2/2013

Personal information:

Name _____
Gender _____
Address: _____
Institute/ College/University _____
Course _____
Phone: _____ Mobile: _____
E-mail ID: _____

Hostel accommodation required from _____ to _____
(with approximate arrival and departure time)
(Accommodation is given on sharing basis)

Please send a DD/Cheque (at par) of Rs.200x no. of days of stay).

DD/Cheque (at par) details:

Bank _____

DD No. _____

Date _____ / _____ / _____ श्रीरमाद्यं खलु धर्मसाधनम्

Amount _____

Signature. _____

Demand draft payable to “NACIACP-2013, payable at New Delhi”

*Kindly mail this form along with registration form to
Conference Secretariat, Room No.4089, 4th floor Teaching Block
Department of Psychiatry, All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029,
Phone: +91-11-26594412 Fax +91-11-26588663*