



**KIET**  
GROUP OF INSTITUTIONS



## International Conference

Sponsored by

**SERB-Department of Science and Technology (DST) Govt. of India**

&

**Dr. APJ Abdul Kalam Technical University, Lucknow**

on

**“Impact of Artificial Intelligence in Health care” (IAIHC-2020)**

(February 21<sup>st</sup>-22<sup>nd</sup>, 2020)

In association with



Indian Pharmacopoeia  
Commission



Indian Pharmacy  
Graduates' Association



Universiti Sains Malaysia



Indian Pharmaceutical  
Association



Association of Pharmaceutical  
Teachers in India

Organized By:



KIET School of Pharmacy

### Registration Form

Name (In capital) : \_\_\_\_\_

Sex: (Male/Female) Tick mark (✓)

Category: (Student, Faculty, Research Scholar, /Professionals, Others) Tick mark (✓)

Designation : \_\_\_\_\_ Organization/Institution: \_\_\_\_\_

Address (Official): \_\_\_\_\_

City : \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

Address (Residential): \_\_\_\_\_

Paper presentation: Oral /Poster/Others (✓) if any

Registration Fee:

| Category                                  | National Delegates | International Delegates | Spot Registration |
|---|--------------------|-------------------------|-------------------|
| IPA/APTI/IPGA/IHPA/IPS Members            | 800 INR            | 20 \$                   | 1300 INR          |
| Industry/Regulatory Bodies Delegates      | 2000 INR           | 50 \$                   | 2500 INR          |
| Academic Institute Participants (Faculty) | 1200 INR           | 40 \$                   | 1700 INR          |
| Research Scholar/Student                  | 1000 INR           | 30 \$                   | 1500 INR          |

**Cancellations & Refunds Policy:** Once the registration is complete, fees are non-refundable; whatsoever may be the reason for non-participation.

**Payment Method:**

Please check appropriate box: DD  Cash  Online  Paytm

**Transaction Details:** \_\_\_\_\_

**Bank Branch and City:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail complete registration form with payment details to :

[iaihc.ksop@kiet.edu](mailto:iaihc.ksop@kiet.edu) \* **Late date of Registration: February 5<sup>th</sup>, 2020.**

For further details, please contact: 9760760704, 8700795682, 9997537188, 8192026467

Date:

Signature of the Delegates/Participants

Signature & Seal of Authority (IAIHC 2020)