



# OTICON' 2019

The 56<sup>th</sup> Annual National Conference of AIOTA  
8<sup>th</sup> to 10<sup>th</sup> February 2019  
PGIMER, Chandigarh, India



## Accommodation Form

Download Forms from: [www.aiota.org](http://www.aiota.org) Accommodation Form A2 to be sent to the Accommodation In-Charge

Please Note: Tick (✓) Wherever Applicable. Scanned Photocopies are Accepted

### Personal Details

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/Female

AIOTA Membership No.: \_\_\_\_\_ Qualification: \_\_\_\_\_

Institute/Hospital: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Valid ID Proof and Number: \_\_\_\_\_

Photo

### In-Case of Emergency

Blood Group: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_

Contact Person's Mobile No. (With ISD/STD Code): \_\_\_\_\_

### Accommodation Details

Category of Accommodation: Dormitory / 2 Star / 3 Star / 4 Star / 5 Star Hotel. \_\_\_\_\_

Accommodation Details: Rooms: Single/Double/Triple. No. of Persons: \_\_\_\_\_ No. of Days: \_\_\_\_\_

Payment Details (DD/NEFT/Net Banking: in the name of "Bhavinder Singh Suchdev" payable at Chandigarh)

Accommodation Fees (INR/US \$): Self: \_\_\_\_\_ Accompanying Person: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Branch: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Mode of Payment and Transaction No.: Demand Draft (DD)/NEFT/Net Banking: \_\_\_\_\_

### Verification from the Head of Occupational Therapy College for Undergraduate (UG) / Post-graduate (PG) Students

This is to certify that Mr./Ms. \_\_\_\_\_ is a bonafide UG/PG student of \_\_\_\_\_ College and he/she is a Member/Non-Member/Student Member of AIOTA

College Seal: \_\_\_\_\_

Signature of the Head: \_\_\_\_\_

Office Use: Registration No.: \_\_\_\_\_ Category: \_\_\_\_\_ Stay In (Hotel): \_\_\_\_\_

Organizing Treasurer: \_\_\_\_\_ Accommodation In-Charge: \_\_\_\_\_ Event Manager: \_\_\_\_\_

Organizing Secretary's Remarks: \_\_\_\_\_

### Accommodation In-Charge

**Dr. Subodh Kumar Anand**

Address: Occupational Therapist, Prayaas, Rehabilitation Centre for Special Children, Prayaas Building, Dakshin Marg, Sector 38B, Chandigarh-160036, India. Mobile No.: +91-8725986255

Email: [subodh\\_oh84@yahoo.com](mailto:subodh_oh84@yahoo.com)

### Bank Details for Payment

Bank Name: State Bank of India  
Branch: PGIMER, Chandigarh, India  
A/C Type: Savings  
A/C Number: 32879060949  
IFSC Code: SBIN0001524