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**Indian Psychiatric Society-North Zone**

BID FORM

Name of Bidder: Name of Event (CME/PGDP/Conference):

Institution/Hospital/Organization:

Co-Organizer, if any:

Name of Organizing Secretary:

Address;

M- ----------------------------- E mail ID: -------------------------------------------------

Previous experience of organising academic event ( If yes, provide details)

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Total no of faculty/ doctors/staff in institution/ hospital:

Total no of ministerial/paramedical staff/others:

Proposed address for venue:

No of Auditorium (Conference Hall) with capacity :

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Whether adequate parking space is available at venue or not:

Availability of Guest House: yes/no

Total no of Hotels: 5 stars 4/3 stars

Connectivity to major cities by Air/train/road:

I/We hereby assure that a separate account by the name of the event will be opened by the organizers in any National bank and the organizers will submit the audited report along with savings, if any to the office of General Secretary of IPS-NZ.

Signature of bidder with full name and date

Kindly send duly filled bid form to

**Dr Sandeep Kumar Goyal**

**2200/37, B-34, Bishan Enclave, Civil City, Ludhiana-141001**

**9878331400**

[**goyaldrsandyy@gmail.com**](mailto:goyaldrsandyy@gmail.com)