INDIAN CHEST SOCIETY

Room No. 9, IMA Annexe Building, IMA House,
North Ambazari Road, Nagpur-440010

BASIC DETAILS

Name of the Bidder _____

Proposed location (city) of NAPCON: _____

Proposed Venue of NAPCON _____

Distance from the Airport & Railway Station _____

Number of Pulmonologist (ICS Members)

- ◯ In the city (app) _____
- ◯ In the State (app) _____

Major Academic Institutions, Medical Colleges in the City:

_____

_____

_____

SEATING CAPACITY / AREA

Main Hall _____

Additional Halls _____

Exhibition Area _____ Dining Area _____

Infrastructure & Facilities for Workshops: _____

CONNECTIVITY

Direct flights to City from the following major cities (Please list)

_____

_____

Trains _____

Roads _____

ACCOMMODATION

Star Hotel Details (Rooms) _____

Budget Hotel (Rooms) _____

Guest Houses (Rooms) _____

ABOUT THE HOST CITY

Weather conditions during the conference month _____

_____

Culture & Heritage _____

_____

_____

Tourist Attractions _____

_____

Shopping Malls _____

_____

Local Transport Facilities _____

PARTICULARS OF BIDDING FEE

Demand Draft Number:
Name of the Issuing Bank & Branch
Date of issue
Amount

LOCAL ORGANISING COMMITTEE & ICS MEMBERSHIP NUMBERS

Organising Chairman _____

Organising Secretary _____

Treasurer _____

Joint Secretary _____

Workshop Coordinator _____

PAST EXPERIENCE OF CONDUCTING CONFERENCES

NAPCON _____ Attendees _____

Other National Conferences _____ Attendees _____

_____ Attendees _____

State/Zonal/City Conferences _____ Attendees _____

_____ Attendees _____

PAYMENT DETAILS

A DD/online transfer of Rs. 5000/- payable to ICS is enclosed. This amount is refundable, if the bid is not accepted. For online transfer, the account details are as follows:

Payment Details:
A/C Name:- Indian Chest Society
A/C No.:-10223462287
Bank: IDFC First Bank
Branch:- Varanasi Lanka
IFSC CODE-IDFB0060322

Date ____ /____ /____ Place _____

PAYMENT DETAILS

1. We declare that the above-mentioned details are true to the best of our knowledge and we shall take responsibility for the conduct of the NAPCON as per the established guidelines.
2. In case we are awarded the opportunity to hold the conference we shall sign an MOU with the ICS and follow all the rules pertaining to the conduct of the conference and the accounting and management of the finances and any other instructions given by the ICS Governing Body.
3. With regard to the interpretation of the SOP, the decision of the ICS GB shall be final.

Signature of the Organizing Chairman

(Full name, corresponding address, E-mail and Mobile number)

Signature of the Organizing Secretary

(Full name, corresponding address, E-mail and Mobile number)

Signature of the Organizing Treasurer

(Full name, corresponding address, E-mail and Mobile number)

Signature of State Chapter Secretary (Optional)

(Full name, corresponding address, E-mail and Mobile number)

Regards,

President
Dr. J.K. Samaria
ICS GB 24-25

Secretary
Dr. Raja Dhar
ICS GB 24-25

Treasurer
Dr. Rajesh Swarnakar
ICS GB 24-25