



MID TERM CPD API TS 2026

Nirmal, Telangana.



First Information Brochure

11th Annual Conference 2026

Association Of
Physicians Of India
Nirmal Chapter,
Telangana.

Date: 19th April 2026

Hotel Sri Balaji Inn,
Sri Balaji Towers,
Near Bus Depot, Chaingate,
Indira Nagar, Nirmal,
Telangana - 504106.

PLATINUM SPONSORS





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19th April 2026, Hotel Sri Balaji Inn, Sri Balaji Towers, Near Bus Depot, Chaingate,
Indira Nagar, Nirmal, Telangana, 504106



Dr. G. Narsimulu
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Basara**



**Kuntala Water Falls
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**Wooden Toys & Paintings
Nirmal**



**Pochera Water Falls
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**Kawal Wildlife Sanctuary
Jannaram**



**Ali Sagar Reservoir
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Registration Fee

Category	Amount
Delegates	INR 1,000
Post Graduates	INR 500

Payment/Bank Details

Account Name : Give Hope Foundation
Account No. : 042488700000137
Account Type : Current
Bank Name : YES Bank
Branch : Begumpet, Hyderabad
IFSC Code : YESB0000424
Swift Code : YESBINBB

SCAN & PAY



Important Note: Kindly WhatsApp Your Payment Screenshot At "+91 96762 21794" To Get Confirmation.

Registration Guidelines

- Registration is mandatory to attend the conference.
- Duly filled registration forms must have TSAPI number (If applicable), Email ID and Mobile Number.
- Delegate registration includes admission to the Scientific Hall, Exhibition Area and the Delegate Bag along with Meal Coupons.
- Please bring a photocopy of the confirmation of conference registration.

Conference Organising Secretary

Dr. R. Mukesh
Sr. Consultant Physician
Kalpana Hospital,
Doctor's Lane,
Nirmal, Telangana.
Mobile: +91 81797 88820

Conference Manager

Chaitanya Sajjad
ZOC Events & Production Services Pvt. Ltd.
Flat No. 401, Palace View Estates, 3rd Floor,
Road No. 2, Banjara Hills, Hyderabad,
Telangana, 500034.
Email: chaitanya@zocproductions.in



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REGISTRATION FORM

Please fill in **BLOCK LETTERS** & provide your **Mobile Number & E-mail ID** for further communication.

TSAPI Membership Number _____ TS Medical Council Number _____

Prof. Dr. Mr. Ms. Mrs. Gender: Male Female Preference: Veg. Non Veg.

First Name: _____ Last Name: _____

Hospital/Institution: _____ Designation: _____

Postal Address: _____

City: _____ Pin Code: _____ State: _____

Mobile Number: _____ Email: _____

Registration Fee

Category	Amount
Delegates	INR 1,000
Post Graduates	INR 500

Scan & Pay



Important Note: Kindly WhatsApp Your Payment Screenshot At "+91 96762 21794" To Get Confirmation.

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