



ICS Secretary: Dr Deepak Talwar (icssecretaryoffice@gmail.com)

APPLICATION FORM FOR NAPCON BID FOR THE YEAR -2025

1. Name of the Bidder:_____
2. Proposed location (city) of the NAPCON:_____
3. Proposed venue of the NAPCON:_____
- a. Main Hall (Seating capacity)_____
- b. Additional halls (Seating capacity)_____
- c. Exhibition area (Area)_____
- d. Dining Area -----
- e. Infrastructure & Facilities for Workshops:
- f. Distance from the Airport and Railway station
- g. Site plan with the distances between the locations
4. Number of Pulmonologist (ICS/ NCCP Members)
- a. In the city (App.):_____
- b. In the state (App.):_____
5. Major academic institutions, Medical Colleges in the city:
- a. _____
- b. _____
6. Connectivity:
- a. Direct flights to City from the following major cities(please list)

- b. Trains_____
- c. Road -----
7. Accommodation:
- a. Star Hotel details (Rooms):_____
- b. Budget hotels (Rooms)_____
- c. Guest Houses (Rooms) -----
- 8 About the Host city:
- a) Weather conditions during the conference month

b) Culture & Heritage:

c) Tourist attractions:

d) Shopping Facilities:

e) Local transport facilities:

9: Particulars of Bidding fee:

a) Demand draft Number:

b) Name of the Issuing Bank & Branch

c) Date of issue:

d) Amount :

10. Local Organizing committee & ICS Membership number

a) Organizing Chairman: _____

b) Organizing Secretary: _____

c) Treasurer -----

d) Joint Secretary -----

e) Workshops Coordinator -----

11. Past experience of conducting Conferences

a. NAPCON: Attendees:

b. Other National Conference: Attendees:

c. State/Zonal/City level conference: Attendees:

12. A DD/online transfer of Rs. 5000/ (number and date) payable to ICS is enclosed. Payment details are mentioned on the website www.icsorg.net as well after the form. This fees are not refundable.

For online transfer, the account details are as follows,

Payment Details

Union Bank of India

Account No- 270411010000054

IFSC Code-UBIN0827045

Pan Card No-AAAA1793F

Place:

Date:

State Chapter President (Optional)

13. Declaration::

1. We declare that the above-mentioned details are true to the best of our knowledge and we shall ~~will~~ take responsibility for the conduct of the NAPCON as per the established guidelines.
2. We have read the SOP of the ICS-NAPCON, accept all clauses mentioned therein, and shall abide by that. We have received a physical copy of the SOP from the ICS office.
3. 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)

State Chapter Secretary (Optional)

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

Signature of Organizing Secretary

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

Signature of Organising Treasurer

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