



6th WORLD HYPERTENSION CONGRESS 2025



Sponsored by World Hypertension League

Registration Form

7th – 9th March 2025

Venue : Chennai Trade Centre , Chennai

First Name : _____ Last Name : _____

MCI Regn Number : _____ State of Registration : _____

Member Category : Indian Society of Hypertension [InSH]

[InSH] Life Membership Number : _____

Non Member [InSH]

Post Graduate

[PG students must provide certificate from HOD of the Dept]

Mobile Number : _____ E-mail : _____

City / State : _____ Pin code : _____

The Scientific writers Program: Yes / No _____

[If yes , Please add RS.2500/- with registration fee]



G.Pay/ UPI Transaction ID _____

Signature : _____ Date : _____