

ANNOUNCEMENT

FIRST CONFERENCE OF SIKKIM CHAPTER OF ASSOCIATION OF PHYSICIANS OF INDIA

SIKKIM APICON 2026



Association of Physicians of India – Sikkim Chapter

Dates: 4th & 5th April 2026

Venue: Hotel Lemon Tree, Middle Sichey, Gangtok, Sikkim

The Sikkim Chapter of the Association of Physicians of India proudly announces the SIKKIM APICON 2026. This maiden landmark academic event aims to bring together physicians from across the country to deliberate on contemporary issues in internal medicine with special emphasis on healthcare challenges in the Himalayan region and academic tourism.

ORGANIZING COMMITTEE

Patrons

Dr. Jyotirmoy Pal
Dr. S. Baruah

Organizing Chairperson

Dr. Mona Dhakal

Organizing Secretary

Dr. O. P. Dhakal
Dr. S. M. Rasaily

Joint Organizing Secretaries

Dr. D. P. Rai
Dr. S. C. Lamtha
Dr Dwarika Niroula

Scientific Chairpersons

Dr. Bidita Khandelwal
Dr. B. N. Sharma

Treasurers

Dr. Parvati Nandy
Dr. Yogesh Ghimirey

Members

Dr. Leona Sonam
Lepcha
Dr. Deepak Dhakal
Dr. Sangita Subba
Dr. Subarna
Khatiwara

Members

Dr. Dheeraj Khatri
Dr. Miskila Subba
Dr. Jigdel Wangdi Bhutia
Dr. Ugen Bhutia
Dr. Suraj Adhikari
Dr. Kanu Priya Rai

Members

Dr. Hemta Pradhan
Dr. D R Sharma
Dr. Devraj Saha
Dr. Amrita Mangar
Dr. Abhisek Gautam
Dr. Phurlamu Sherpa

FIRST CONFERENCE OF SIKKIM CHAPTER OF ASSOCIATION OF PHYSICIANS OF INDIA

SIKKIM APICON 2026 (4th & 5th April 2026) Venue: Hotel Lemon Tree, Middle Sichey, Gangtok, Sikkim

REGISTRATION FORM

Name: _____ Designation: _____ Mailing Address: _____

City: _____ State: _____ Pin Code: _____

Phone (WhatsApp): _____ Email ID: _____

API Membership No: Yes / No

Name of accompanying person: _____

PG student (Please enclose certificate from the Head of the Institution)

REGISTRATION FEES (includes delegation kit, conference and food)

Category	Early Bird till January 31 st 2026	Regular from 1 st february till march 31 st 2026	Late / Spot from 1 st april 26 to the spot.
API Member	2000	2500	3500
Non-API Member	2500	3000	3500
Accompanying Person	1000	1500	3500
PG Student	1000	1000	1000
MBBS Student	1000	1000	1000

I hereby enclose sum of rupees _____ by Cash / Demand Draft / Cheque towards/QR CODE/UPI for the registration of SIKKIM APICON 2026.

Name of Account Holder: Association of Physicians of India – Sikkim Chapter

Bank Name: Canara Bank, 5TH MILE TADONG, GANGTOK SIKKIM

Account No : 110241662353 **IFSC:** CNRB0008676 **MICR CODE :** 737015003

Mode of Payment: UPI / Bank Transfer / Cheque / Demand Draft

UPI ID: 331627208662353@cnrb **PAN (API Sikkim Chapter):** AAUAA5061A

Cheque / DD to be drawn in favour of:

Association of Physicians of India – Sikkim Chapter

Official Email for Payment Confirmation: apisikkim2025@gmail.com



Signature of Delegate:

Date: