



# **NATIONAL CHILD PSYCHIATRY CME 2026, SHILLONG**

**MEGHALAYA BRANCH OF  
INDIAN PSYCHIATRIC SOCIETY (MEGHIPS)**

**ORGANISED BY  
INDIAN ASSOCIATION OF PRIVATE PSYCHIATRY**

**IN ASSOCIATION WITH  
INDIAN PSYCHIATRIC SOCIETY  
MEGHALAYA STATE BRANCH (MEGHIPS)  
ANNUAL CONFERENCE**

**THEME  
CHILD, ADOLESCENT & PARENT :  
GROWING UP IN THE DIGITAL AGE**

**DATE : 7<sup>TH</sup> & 8<sup>TH</sup> AUGUST 2026**





# NCPC 2026

INDIAN ASSOCIATION OF PRIVATE PSYCHIATRISTS (IAPP)  
MEGHALAYA BRANCH OF INDIAN PSYCHIATRIC COMMITTEE (MEGHIPS)

## COMMITTEE MEMBERS



**DR. MRUGESH VAISHNAV**  
PRESIDENT IAPP



**DR N N RAJU**  
VICE PRESIDENT IAPP



**DR VIPUL TYAGI**  
GENERAL SECRETARY IAPP



**DR VIJAY NAGECHA**  
TREASURER IAPP



**DR MAHESH GOWDA**  
EDITOR IAPP



**DR. PAKHA TESIA**  
MEGHIPS PRESIDENT



**DR SONALI SHINDE TESIA**  
ORGANISING CHAIRPERSON  
NCPC 2026



**DR. RAAJ KONWAR**  
ORGANISING SECRETARY  
NCPC 2026

## ORGANISING COMMITTEE

ADVISOR	<b>DR. SANDI SYIEM</b>
MEGHIPS PRESIDENT	<b>DR. PAKHA TESIA</b>
ORGANISING CHAIRPERSON	<b>DR. SONALI SHINDE TESIA</b>
ORGANISING SECRETARY	<b>DR. RAAJ KONWAR</b>
SCIENTIFIC COMMITTEE	<b>DR. ARVIND NONGPIUR</b>
CULTURAL COMMITTEE	<b>DR. DIDAKAMIWAN KHONGLAH</b>
REGISTRATION COMMITTEE	<b>DR. ANDREECIA MAWIONG</b>
HOSPITALITY COMMITTEE	<b>DR. CHAYANIKA SARMA</b>



# NATIONAL CHILD PSYCHIATRY CME SHILLONG, 2026

## Registration Form

(FILL IN CAPITAL LETTERS)

	Last	Middle	First
Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Address	<input type="text"/>		
	<input type="text"/>	District	<input type="text"/>
State	<input type="text"/>	Pin/Zip/Post code	<input type="text"/>
Country	<input type="text"/>		
Contact numbers (with STD Codes)			
Mobile	<input type="text"/>	Residence/Office	<input type="text"/>
E-Mail	<input type="text"/>		
Qualification	<input type="text"/>	Year	<input type="text"/>
*State Council Reg. No.	<input type="text"/>		
*IAPP Membership No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If, Yes	<input type="text"/>
Cheque / DD No & Bank:	<input type="text"/>		
Date on Cheque / DD :	<input type="text"/>		
Transaction ID / Payment ID / UTR No :	<input type="text"/>		
(If the payment has been made already)			

### REGISTRATION FEES

UPTO 31 MAY  
2026

₹ 4000/-

UPTO 30 JUNE  
2026

₹ 5000/-

FROM JULY  
TO SPOT

₹ 6000/-

Payment: Demand draft or NEFT in favour of -

**Indian Psychiatric Society  
Meghalaya State Branch**

Account no. 50100089708218

IFSCCode : HDFC0002934

HDFC Laitumkhrah branch, Shillong

Scan QR Code  
to Make Payment



Please keep Payment Screenshot  
ready while filling the Form

Click on link to fill Registration Form



**NCPC 2026 SHILLONG**