

BSIR 2023 Undergraduate Medical Student Confirmation Form

Thank you for your interest in attending BSIR 2023! Please complete this form to upload it as part of the BSIR 2023 online registration process for undergraduate medical students.

Registrant	
myCIRSE ID:	Date of Birth(dd/mm/yy):
First name:	Last name:
University/Educational Institution	ute
Name:	
Name of degree:	
City:	
Country:	
Predicted date of graduation:	
Department/Office Stamp (If yo	ur institute does not have a stamp, kindly have your below representative email us at registration@bsirmeeting.org):
Confirmation by office/depar	'tment:
	(Last name),
as the above-mentioned appli confirm that they are an unde	icant's (position), ergraduate medical student at the above-mentioned ne of BSIR 2023 (November 8-10, 2023).
Representative's signature:	
Applicant's signature:	Date:

Thank you for completing your BSIR 2023 undergraduate medical student confirmation! Please have it ready to be uploaded for the BSIR 2023 online registration process. If you have any further queries, please to contact <u>registration@bsirmeeting.org</u>.