



## Application for holding ISOT Transplant Games 2024

Content	Score
Applicant name	
Address	
Email ID	
Mobile No.	
Names of at least 5 transplant physicians/surgeons who will be part of Organizing Committee:	1. 2. 3. 4. 5.
Proposed city	Tick mark
	Metro city
	City
	Other
Proposed dates	
Temperature during the conference dates	Min Max
Expected rains	
Nearest airport	Direct Connection
	Link city
Nearest Railway station	Direct Connected city
	Link city
Last ISOT transplant Games held in the zone	
When was the last ISOT transplant Games held in this city	
Accommodation facility in the city for patients Yes/No	
Facility for Free medical care for transplant patients if required Yes/No	
Facility for (free) emergency medical care for transplant patients on site if required Yes/No	

Board rooms for Governing Body Meetings Yes/No					
Number of Professionals in the city					

Please provide some compelling reasons to hold the ISOT Transplant Games in this city:

Signature of the Organizing Team:

	Name	Signature/ Date
Proposed Organising Secretary		
Proposed Organising Chairman		
Proposed Joint Organising Secretary		
Proposed Organising Co-Chairman		
Proposed Treasurer		

**The duly filled form should reach the Secretariat by email to [drmanishbalwani@gmail.com](mailto:drmanishbalwani@gmail.com) and [isotsecretary@gmail.com](mailto:isotsecretary@gmail.com) by 30<sup>th</sup> June 2024**

**(NO HARD COPY REQUIRED)**

(All nominations will be acknowledged and for query 9021637248)