



## BSIR 2025 Undergraduate Medical Student/Foundation Doctor Confirmation Form

Thank you for your interest in attending BSIR 2025! Please complete this form to upload it as part of the BSIR 2025 online registration process for undergraduate medical students.

### Registrant

myCIRSE ID: \_\_\_\_\_

Date of Birth(dd/mm/yy): \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

### University/Educational Institute

Name: \_\_\_\_\_

Name of degree: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Predicted date of graduation: \_\_\_\_\_

Department/Office Stamp *(If your institute does not have a stamp, kindly have your below representative email us at [registration@bsirmeeting.org](mailto:registration@bsirmeeting.org)):*

### Confirmation by office/department:

I, (Title)\_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_,

as the above-mentioned applicant's (position)\_\_\_\_\_, confirm that they are an undergraduate medical student/foundation doctor at the above-mentioned university/institute, at the time of BSIR 2025 (November 11-13, 2025).

Representative's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing your BSIR 2025 confirmation! Please have it ready to be uploaded for the BSIR 2025 online registration process. If you have any further queries, please to contact [registration@bsirmeeting.org](mailto:registration@bsirmeeting.org).