

**REGISTRATION FORM**

(Please fill the form in CAPITAL Letters Only)

Dr. _____

(First Name) (Middle Name) (Surname)*Kindly write your name as you want in the Certificate

Age _____ Sex M [] F [] ROGS Membership No. _____ CGMC/MCI Reg. No. _____

Qualification: Designation: Professor / Associated Professor / Lecturer / Consultant / P G. Student

Address(R): _____

City: _____ Pin Code _____ State _____

Cell No.: _____ Phone: _____

Email _____

REGISTRATION DETAILS:

Registration	Till 31 st July	Till 31 st Aug.	After 31 st Aug.	Spot 15 th Sep.
Members	2500/-	3000/-	3500/-	4000/-
Non-Members	3000/-	3500/-	4000/-	4500/-
*PG Students	1500/-	2000/-	2500/-	3000/-

Note - Registration with New Membership and get Rs. 1000/- Discount.

Banquet free for All with family.

PAYMENT DETAILS:

Payment enclosed Total amount Rs _____ in words _____

Payment by CASH/CHEQUE/DD No. _____

Dated: / / 2018 drawn on (bank Name) _____ Branch _____

Bank Details For NEFT:

Name of A/c : RAIPUR OBSTETRICS & GYNAECOLOGICAL SOCIETY

A/c No.: 09182010015860

Bank Name: ORIENTAL BANK OF COMMERCE

Branch: J N M C, Raipur

IFSC Code : ORBC0100918

MICR Code: 492022004

Kindly Note:

1. Please send all the drafts in the name of "RAIPUR OBSTETRICS & GYNAECOLOGICAL SOCIETY" Payable at Raipur.
2. In case of electronic transfer, Please Email us at aogcg18@rogs.in
3. Abstract submission for Oral/Paper presentation to be send to submission.aogcg18@rogs.in
4. *PG Student must bring a certificate from HOD seeking permission to attend the Conference

FOR REGISTRATION & QUERIES KINDLY CONTACT:**President****Dr. Asha Jain**

Ph.- +91- 94252 02550

Email : dr.ashajain@smsaraipur.co.in**Gen. Secretary****Dr. Tabassum Dalla**

Ph.- +91- 99933 38833

Email : drtabassumdalla@gmail.com