







"Surgery - Innovative & Futuristic"

Hosted by THE ASSOCIATION OF SURGEONS OF INDIA - THANJAVUR CITY BRANCH

REGISTRATION FORM

(PLEASE	FILLIN	CAPIT	AL LETTERS)						
Title:	□Dr.	□Prof.	□Mr. □Ms.	□Mrs.					
Full Name									
Date Of Bi	rth		Gender: Mal	e 🗌 Female	□Third	Gender N	lationality		
Institution Designation									
Address_									
City	CityPin			S	State		Country		
Mobile	Mobile				E-Mail_	ail			
ASI Memb	er 🗌 Yes	□No AS	l Membership No	0	S	tate Medica	l Council No		
Accompa	nying Pe	rson(s) D	etails	(* Mandatory	/Field)			(* Mandator	y Field)
1. Full Name						Age/ Sex			
2. Full Name						Age/ Sex			
3. Full Name						Age/ Sex			
Food Prefe	erence	□Veg	□Non Veg						
Registratio	n Catego	ry:	☐ ASI Member	□Non-M	1ember	□PG Stude	nt		
_	_		□Accompanyi	ng Person [Perso	n Pre-confe	rence Works	nop	
1			REGIST	RATION F	EE DE	TAILS			
CATEGORY UPTO 15.07.2022 SPOT									
	ASI MEMBER NON ASI MEMBER		ER	Rs.7080	Rs.7080/- Rs.8260/-				
			IEMBER	Rs.8260)/-	Rs.9440/-			
	ACCOMPANYING PERSON WORKSHOP			Rs.4720)/-	Rs.5	Rs.5900/- Rs.5310/- Rs.2360/-		
				Rs.4130)/-	Rs.5			
				Rs.1770)/-	Rs.2			
"PG Students should furnish bonafide certificate / letter duly signed by the Head of Dep								rtment **	
Amount F	Paid: Rs_	I	Mode of Paymen	t; Cash/Card	/DD/Ch	eque/Online	e (Tick approp	oriate as appl	icable)
DD/cheque Book Transfer Transaction No.:					Drawn on:				
Registration Guideli		n are not allowe	d inside the scientific ses	esion		Date:	Signat	ure:	
• Children above 5 yea • Children below 5 yea • Organizing Committe • Cancellation Policy. A • Please produce your	rs of age have r rs of age have se is not liable i According to ru registration no	to register as ac to register (Free n any form in ca les and regulati n-payment rece	ccompanying person." e of charge) for logistics a ase of change in dates du	and security reason e to unavoidable cir unter		Registration F Entry to Inaugur Lunch on all cor	ee includes: al Ceremony, all cor nference day, Gala D (for Spot Registratio	nference Sessions 8 inner on 13.08.2022.	
Please Submit the d	uly filled for	n to Conferen			COUNT D	ETAILS			
Or.S. MARIMUTHU Organizing Secretary VISHNU HOSPITALS & CANCER INSTITUTE Contact: 94436 01002 #52, Centre Point Nagar, Kamala Subramaniam School Opp, Pudukottai Rd, Thanjavur - 613005					Name of the A/C: TNASICON 2022 A/C No: 05350100020535 Bank: BANK OF BARODA Branch:TANJORE IFSC Code: BARB0TANJOR MICR Code: 613012002				
For Office	Rece	pt No		Reg. No			Date	e 🗆	