



# ASICON 2020

80th Annual Conference of the Association of Surgeons of India

## REGISTRATION FORM

ASI Membership No.:

State Medical Council No.:

### Please Fill in CAPITAL LETTERS

(It is important that you provide an email & mobile number for future communications via SMS/e-mail)

Title: Prof.  Dr.  Mr.  Other (Fill in)  Gender: Male.  Female.

Full Name\*: ..... Date of Birth: .....

Institute/ Hospital: ..... Designation: .....

Postal Address: .....

..... City: .....

State: ..... Pin: ..... Country: .....

Mobile\*: ..... Phone (Off)\*: ..... Phone (Res): .....

E-mail\*: .....

### REGISTRATION FEE

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> ASI Member                 | ₹ 1000 <input type="radio"/>        |
| <input type="checkbox"/> Non ASI Member             | ₹ 1500 <input type="radio"/>        |
| <input type="checkbox"/> Postgraduate member of ASI | Complimentary <input type="radio"/> |

### Mode of payment: DD/ Bank Transfer (Tick appropriate as applicable)

DD/ bank transfer transaction No.: ..... Drawn on .....

.....  
Date

.....  
Signature

### Bank Details of ASICON 2020:

Account Name The Association of Surgeons of India (ASICON)	A/C No: 06780100017323
IFSC CODE: BARB0TIRUVA (5 <sup>th</sup> character is numeric zero)	Name of Bank Bank of Baroda
Branch: Triplicane ( Bank of Baroda, 280, Triplicane Branch, Chennai - 600005 )	

### Duly filled forms must be submitted to the ASI Central office:



### THE ASSOCIATION OF SURGEONS OF INDIA

HEAD OFFICE

No. 18, Adams Road, Chepauk, Chennai 600 005  
Ph: 044 - 25383459, 25381685, 25385584, 25367095

Email: headoffice@asiindia.org  
Website: www.asiindia.org

Office use:

Date: ..... Receipt No: ..... Registration No: .....