

REGISTRATION FORM

Module	Please Tick <input checked="" type="checkbox"/>	Before 30-09-2018	Before 15-12-2018	Spot Registration (After 31-12-2018)
(1) Cardiovascular Symposium - January 4-6, 2019 (Including All Symposiums)	<input type="checkbox"/>	<input type="checkbox"/> ₹ 3000	<input type="checkbox"/> ₹ 5000	<input type="checkbox"/> ₹ 6500
(2) Internal Medicine Symposium - January 4, 2019	<input type="checkbox"/>	<input type="checkbox"/> ₹ 1000	<input type="checkbox"/> ₹ 1500	<input type="checkbox"/> ₹ 2000
(3) Oncology Symposium - January 5-6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ₹ 2000	<input type="checkbox"/> ₹ 2500	<input type="checkbox"/> ₹ 3000
(4) Neuro Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ₹ 1500	<input type="checkbox"/> ₹ 2000	<input type="checkbox"/> ₹ 2500
(5) Endocrinology Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ₹ 1000	<input type="checkbox"/> ₹ 1500	<input type="checkbox"/> ₹ 2000
(6) IVF & Gynaec Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ₹ 1500	<input type="checkbox"/> ₹ 2000	<input type="checkbox"/> ₹ 2500
(7) Critical Care Symposium - January 6, 2019	<input type="checkbox"/>	<input type="checkbox"/> ₹ 500	<input type="checkbox"/> ₹ 1000	<input type="checkbox"/> ₹ 1500
** Deposit for Hotel Accommodation (Separate cheque)	<input type="checkbox"/>	<input type="checkbox"/> ₹ 5000	<input type="checkbox"/> ₹ 5000	<input type="checkbox"/> ₹ 5000
For students doing MD (Medicine) with proof	<input type="checkbox"/>	<input type="checkbox"/> ₹ 1000	<input type="checkbox"/> ₹ 1500	<input type="checkbox"/> ₹ 2000
Spouse Hotel Registration (Non-refundable)	<input type="checkbox"/>	<input type="checkbox"/> ₹ 5000	<input type="checkbox"/> ₹ 5000	<input type="checkbox"/> ₹ 5000
Member of American Association of Physicians of Indian Origin (AAPI)	<input type="checkbox"/>	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 300
Foreign Delegates	<input type="checkbox"/>	<input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 600
In case of cancellation		25 %	50 %	100 %

PLEASE NOTE THAT IT IS MANDATORY TO PROVIDE ALL THE INFORMATION. PLEASE FILL IN CAPITAL LETTERS

Full Name: _____

Qualification: _____ Speciality: _____

Resi. Address: _____

City: _____

Pin Code: _____ Email: _____

Phone (STD code): _____ Mobile: _____

Cheque or DD's to be made A/C payee and in the name of '**CIMS Hospital Pvt. Ltd.**'

Kindly mail the cheque/DD to our office. All Cash Payments are to be made at 'CIMS Hospital, Ahmedabad' only.

PAYMENT DETAILS

₹ : _____ in words : _____

DD/Cheque : _____ Date : / /

Bank : _____ Signature : _____

** Hotel Accommodation is optional. If you have applied for accommodation, please send a separate deposit cheque of ₹ 5000 to cover the cost of your stay for two nights. Spouse hotel registration will be charged extra. Students also need to pay for Hotel Accommodation at the same rate.

Register Online

Visit <http://www.jicindia.org/pay/> for more details



Conference Secretariat

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