46 Cuticon 2025

8th & 9th November 2024

REGISTRATION FORM

IADVL Membership No. (LM/PLM).....Medical Council No.....

Name .....

Qualification .....

Current Affiliation .....

Age.....Gender.....

Address of Correspondence.....

City.....State.....

Country.....Pin.....Email.....

Mobile No.....

Registration type Delegate ☐ Students / PG ☐ Accompanying Person ☐

Payment Details:

Mode of Payment DD ☐ NEFT ☐ Cheque ☐ UPI ☐

Amount.....Bank.....Date.....

Transaction No.....

Account Details:

Current Account Name : **RANTHAMBORE DERMA SOCIETY SAWAI MADHOPUR**
Bank Name : ICICI Bank
Account Number : 065601001521
IFSC Code : ICIC0000656
Address : Sawai Madhopur

Signature

REGISTRATION DETAILS

	Early Bird 14 September 2025	Regular 15 Sep. - 14 Oct. 2025	Late & On Spot After 14 Oct. 2025
DELEGATES	₹ 4500 /-	₹ 5500 /-	₹ 7000 /-
PG STUDENTS	₹ 2000 /-	₹ 2500 /-	₹ 3000 /-
ACCOMPANYING PERSON	₹ 2500 /-	₹ 3000 /-	₹ 3500 /-

IMPORTANT NOTE :

- Postgraduates should provide Certificate from Head of the Department
- Registration fee includes 18% GST
- Request for refund of Registration fee will not be entertained after 15th October 2024.
- Refunds will be made after the conference is over (25% less as administrative charges).
- Children above 12 years have to register as accompanying person.

Scan and Pay