

REGISTRATION FORM

Title : Dr. ☐ Prof. ☐ Mr. ☐ Ms. ☐ Mrs. ☐

Gender : Male ☐ Female ☐

Category: IACM Member ☐ Non-IACM Member ☐ PG Student ☐

IF member of IACM, Membership No.....

First Name : Last Name :

Designation : Applicant Institution :

Mailing Address :

City : State : Postal Code :

Mobile No. ; Email : Nationality :

Workshop: Yes ☐ No ☐ (Workshop fee is additional to the conference registration fee.)

*** It is important that you provide an Email & Mobile Number so that future communication can be sent to you via SMS/Email.**

Accompanying Person Name : 1 2 3

REGISTRATION FEE

Category	Early Bird Upto 30 th June, 2025	1 st July To 31 st Aug, 2025	1 st Oct, 2025 To Spot
IACM Member	4000 INR	4500 INR	5000 INR
Non IACM Member	4500 INR	5000 INR	5500 INR
Accompanying Person	3500 INR	4000 INR	4500 INR
PG Student	1500 INR	2000 INR	2500 INR
Corporate / Trade	5000 INR	5500 INR	6000 INR
Workshop	1500 INR	1500 INR	1500 INR

Scan the QR code
for payment



- The above fee is including 18% GST.
- For PG Student, bona fide certificate required from the HOD. Without the bona fide certificate, the registration will be considered as a general delegate and will be subject to the applicable delegate fees.

Payment to be made in favour of “GMCH Medicine Society”

I am enclosing here with UPI / NEFT details below:

Transaction Number : Date :

For INR : Drawn on Bank : in favour of GMCH Medicine Society, Chandigarh.

Bank Details: A/C No. 43444179551 | IFSC Code: SBIN0010607 | MICR Code: 160002043

Completed offline registration form along with UPI/NEFT payment receipt (along with certificate from HOD if applicable) to be emailed to: iacmcon2025.chd@gmail.com. Incomplete forms in any aspect will not be accepted.

CONFERENCE SECRETARIAT:

Department of General Medicine, Block-D, Room No. 440, Level-4,
Government Medical College & Hospital (GMCH) Sector-32,
Chandigarh, India - 160030

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