



30th ANNUAL CONFERENCE OF THE INDIAN ASSOCIATION OF CLINICAL MEDICINE

Date: 27th to 29th Sept, 2024

REGISTRATION FORM

Title : Dr. Prof. Mr. Ms. Mrs. Gender : Male Female

Category : If member of IACM, Membership No. _____

First Name : _____ Last Name : _____

Designation: _____ Applicant Institution : _____

Mailing Address : _____

City : _____ State : _____ Postal Code : _____

Mobile No. : _____ Email : _____ Nationality : _____

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

Accompanying Person Name : 1 _____ 2 _____ 3 _____

REGISTRATION FEE

Category	Early Bird Upto 31st May, 2024	1st June To 31st Aug, 2024	1st Sep, 2024 To Spot
IACM Member	4150 INR	4750 INR	5300 INR
Non IACM Member	4750 INR	5300 INR	6000 INR
Accompanying Person	3550 INR	4150 INR	4750 INR
PG Student	1800 INR	2000 INR	2400 INR
Corporate/Trade	5300 INR	6000 INR	6500 INR
Workshop	1400 INR	1400 INR	1400 INR

The above fees is including 18% GST as per government orders.

Cheque to be made in favor of Indian association of clinical medicine chapter Udaipur.

I am enclosing here with Cheque / DD Detail:

Number : _____

Date : _____

For INR : _____

Drawn on Bank : _____

In favor of : _____ Payable at Udaipur.



For online Payment
Scan the code

Bank detail for online payment:-

INDIAN ASSOCIATION OF CLINICAL MEDICINE UDAIPUR CHAPTER

Account No. 00000042768031580

IFS Code : SBIN0032084

For Registration fill this form and payment screen share on this number 9251307199