



# ASIRAJ-2024

**DATE : 19<sup>th</sup> -20<sup>th</sup> OCTOBER, 2024 | VENUE : GOVT. MEDICAL COLLEGE, PALI**

## REGISTRATION FORM

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

Gender : Male  Female

First Name : ..... Last Name : .....

Designation : ..... Applicant Institution : .....

Address : .....

City : ..... State : ..... Postal Code : .....

Mobile No. : ..... Email : ..... Nationality : .....

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

### REGISTRATION FEE

Category	Early Bird till 15th Sept, 2024	From 16th Sept till 30th Sept, 2024	From 1st Oct, 2024 till Spot Registration
ASI Member	5000 INR	6000 INR	7000 INR
Non-Member	6000 INR	7000 INR	8000 INR
PG Student	4000 INR	5000 INR	6000 INR
Accompanying Person (Above 7 years)	4000 INR	5000 INR	6000 INR
Senior ASI Member (Above 65 years) Proof Essential	2500 INR	2500 INR	2500 INR



SCAN FOR PAYMENT

**Please find below the account detail to transfer the amount through UPI/NEFT/RTGS/CHEQUE & DRAFT**

**Account Name :** ASIRAJ2024

**Bank Name :** AU Small Finance Bank

**Account No. :** 2402227759942887

**Branch :** Pali

**IFSC Code :** AUBL0002277

I am enclosing here with Cheque / DD / NEFT Detail:

Transaction No./Cheque No. : ..... Date : .....

For INR : ..... Drawn on Bank : .....

in favor of ----- payable at Pali.

Conference Secretariat

**Dr. M. L. Lohiya**

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Email : asiraj24pali@gmail.com | Web. : www.asiraj2024.com

Official Conference Organisers



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