

Prof.  Dr.

\*Name ..... Gender : M  F   
 (PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

\*Designation : ..... \*Department: .....

Hospital / Institution : .....

Mailing Address : .....

\*City..... State :..... Country : ..... Pin Code : .....

\*E-mail:..... \* Mobile: .....

\*State Medical Council Number: .....Date of Birth: ..... Age:.....

Food Preference:  Veg  Non Veg **Alcohol:**  Yes  No

**Registration Category :**

Member Membership No.....  Non Member

Consultant  Post Graduate  Accompanying Person **Attending CME : Yes  No**

Name & age of Accompanying Person 1. ....

2. .... 3. ....

Registration details	Amount	Payment Details		
Conference	: _____	<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Cash
PG (Conference + CME)	: _____	Cheque/DD No	: _____	
Exhibitor	: _____	Date	: _____	
Accompanying Person	: _____	Drawn on Bank	: _____	
<b>Total amount</b>	: _____	Branch	: _____	
<b>Note :</b> Bonafide letter attested by HOD is mandatory for all PG's  Cancellation charges will be applicable as per the policy		Total Amount	: _____	
		Amount in words	: _____	
		Date:	Signature	

**Mode of Payment :**

- At Par Cheque/DD to be drawn in favour of **VSICON2018, Jammu**
- BANK DETAILS For Payment Through NEFT / RTGS

Account Name : VSICON2018, Jammu Branch : Medical college Jammu  
 Account Number : 0373040100020380 IFSC Code : JAKA0MEDJAM  
 Bank Name : Jammu & Kashmir Bank GST Number : 32AAATV4770A1ZU

- For Online Registration & Payment Kindly log on to [www.vsicon2018.com](http://www.vsicon2018.com) .

**For Office use only :** Receipt : Date : Reg No :

# Registration and Accommodation

from 16<sup>th</sup> September till onsite

Category	Registration Only	3 days					
		Single Occupancy Sold Out		Double Occupancy Sold Out		Twin Sharing Sold Out	
		Package A	Package B	Package A	Package B	Package A	Package B
VSI Member	15,000	<del>33,000</del>	<del>31,000</del>	<del>42,000</del>	<del>40,000</del>	<del>26,000</del>	<del>24,000</del>
Non Member	16,000	<del>34,000</del>	<del>32,000</del>	<del>43,000</del>	<del>41,000</del>	<del>27,000</del>	<del>25,000</del>
Post Graduates*	9,000	<del>25,000</del>		<del>34,000</del>		<del>20,000</del>	
Accompanying Person	10,000						
Trade Exhibitor	15,000						

Note: All rates are in INR. GST as applicable.

## Terms & Conditions:

- Three days residential package includes registration fees. Hotels offered are as under.
  - ~~Package A Hotel: (Hotel Radisson blu) and Hari Niwas Heritage Hotel - (5 Kms. from venue). Sold Out~~
  - ~~Package B Hotel : Ramada City Centre / Fortune Inn Riviera (1 Km. from Venue). Sold Out~~
  - ~~For Post Graduates\*: KC Residency Hotel - (2 Kms. from Venue). Sold Out~~
- Residential package for double occupancy stands for delegate along with spouse. The registration fees of accompanying person is included in the package rate.
- Twin Sharing package is for sharing the rooms with friends/colleagues the rates are per person.

Note: Please send the Cheque/DD along with the filled form to our Official Conference Manager

## Conference Secretariat

Dr. Arvind Kohli  
Organizing Secretary  
GMCH Jammu  
Mobile: +91 9419183529  
Email: kohli\_arvind@yahoo.com  
Web: www.vsicon2018.com



## Official Conference Manager

MCI GeTS India Pvt Ltd.  
366, 2<sup>nd</sup>-3<sup>rd</sup> Floor, Mansarovar Building  
Mehrauli Gurgaon Road Sultanpur  
New Delhi 110030, Tel: 011- 41154152  
Email: vsicon18@mci-group.com  
Web: www.mci-group.com