



**MPASICON**  
Bhopal 2025



**MPASICON 2025 BHOPAL**

42nd Annual Conference of The Association of Surgeons of India  
8th - 9th February 2025 | Gandhi Medical College, Bhopal

**REGISTRATION FORM (PLEASE FILL IN CAPITAL LETTER)**

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

Gender: Male  Female

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Institute/Hospital: \_\_\_\_\_ Designation: \_\_\_\_\_

Postaal Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_ Country: \_\_\_\_\_

ASI No.\*: \_\_\_\_\_ MCI No.: \_\_\_\_\_ Phone (Off): \_\_\_\_\_

Phone (Res): \_\_\_\_\_ Mobile\*\* : \_\_\_\_\_

E-mail\*\* : \_\_\_\_\_

**ACCOMPANYING PERSONS**

	Name	Age	Male	Female
1. Name:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Name:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Name:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**CONFERENCE REGISTRATION DETAILS**

**REGISTRATION FEE DETAILS**

Code	Category	Early Bird Upto 30th Nov.	First Slab Upto 31st Dec.	Second Slab Upto 31st January	On the spot
<b>A</b>	ASI Faculty	4000	5000	5500	6000
	With 18% GST	4720	5900	6490	7080
<b>B</b>	Non ASI Faculty	5000	6000	6500	7000
	With 18% GST	5900	7080	7670	8260
<b>C</b>	PG ASI	3500	4000	4500	5000
	With 18% GST	4130	4720	5310	5900
<b>D</b>	PG Non ASI	4000	4500	5000	5500
	With 18% GST	4720	5310	5900	6490
<b>E</b>	Accompanying Person	2000	3500	4000	4500
	With 18% GST	2360	4130	4720	5310
<b>F</b>	Workshop	2000	2500	3000	3500
	With 18% GST	2360	2950	3540	4130

\*\* Please mention mobile number and E-mail ID for better communication.

\*\* PG Student/Resident should attach a certificate from their Head of Department/ Institution.

\*\* Banquet not included in accompanying person's fee

I am enclosing herewith details of Cheque/Demand Draft/Online Payment ..... Date:.....  
of Rs. .... (in words) ..... only) drawn on bank .....  
in favour of MPASICON 2025 payable at Bhopal.

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Signature

### Bank Details of MPASICON 2025

Beneficiary Name : MPASICON 2025

A/C No.: 43237717543

IFSC CODE: SBIN0010140

Bank Name SBI

Branch: SBI, GMC, Bhopal Branch, Sultania Road, Near Hamidia Hospital, Royal Market, Bhopal-462001

### REGISTRATION GUIDELINES

- Provide us your updated email id & mobile number, as it will be used for the registration receipt and other conference communication.
- Organizing committee shall not be liable in any form in case of changes in date/venue due to unforeseen reasons.
- Conference organizers are not responsible for postal delays/failure of delivery by post or failure of electronic communication.
- The above fee is exclusive of 18% GST.

Note : Kindly feed registration form and mention your transaction Id and upload image of payment.

### Scan QR To Pay



### Scan QR To Pay



#### Registration

Dr. Anuradha Chaudhary Argal  
+91-9425407351

Dr. Nikhil Tekwani  
+91-8839824679

#### Abstract

Dr. Mahim Koshariya  
+91-9229131583

Dr. Vijay Tekam  
+91-7415579424

#### General Queries

Dr. Sandeep Jain  
+91-9926814654

Dr. Pragyey Nawlakhe  
+91-9575666663

#### Exhibition & Trade

Dr. Yashpal Ramole  
+91-9628193437

Dr. Naveen K. Patbamniya  
+91-6265345102