



**10th Annual Conference of
Andhra Pradesh Obstetrics & Gynaecological Society**
12th – 13th July, 2025 | RANGARAYA MEDICAL COLLEGE, KAKINADA, ANDHRA PRADESH

REGISTRATION FORM

Conference Registration Number:

Receipt Number:

(Office use only)

PERSONAL DETAILS: Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐

*First Name: _____ *Last Name: _____

*Hospital / Institution: _____ *Medical Council Reg. No _____ *Designation: _____

*Postal Address: _____

*City: _____ *State: _____ *Pin: _____

*Mobile: _____ *Email: _____

Accompanying Person 1: _____ 2: _____

REGISTRATION FEE: Please tick the appropriate box

Category	Early Bird Till 28 th February 2025			Regular Till 31 st March 2025			Late Till 10 th July 2025		
	Amount	GST (18%)	Total	Amount	GST (18%)	Total	Amount	GST (18%)	Total
Delegate	₹8000	₹1440	₹9440	₹9000	₹1620	₹10620	₹11000	₹1960	₹12960
PG Student	₹5000	₹900	₹5900	₹5000	₹900	₹5900	₹6000	₹1080	₹7080
Accompanying Delegate	₹4500	₹810	₹5310	₹5000	₹900	₹5900	₹5500	₹990	₹6490
Workshop	₹2000	₹360	₹2360	₹2000	₹360	₹2360	₹2000	₹360	₹2360

Note: ❖ Conference registration is mandatory for workshop registration ❖ 2 credit points for workshop

Selection any Workshop: ☐ Workshop on Hysteroscopy ☐ Workshop on stress incontinence surgeries

PAYMENT MODE: Cheque / DD in favour of “Kakinada Obstetrics and Gynaecological Society KOGS”

Dated: _____ Drawn on: _____ Amount: _____

In words: _____

Other mode of Payments - NEFT / RTGS _____ Dated: _____ Amount: _____

BANK DETAILS:

Date:

Signature:

Account Name	Kakinada Obstetrics and Gynaecological Society KOGS
Account Number	75870200001135
Bank Name	Bank of Baroda
Branch	GGH Road, Kakinada
IFSC Code	BARB0VJKGHR

SCAN QR CODE
TO REGISTER



CONTACT US

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