

REGISTRATION FORM

*Please mention mobile number and mail ID for better communication also PLEASE FILL THE FORM IN UPPERCASE

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

First Name*: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____

Postal Address: _____

City: _____

State: _____ Pin: _____ Country: _____

MCI No.*: _____ Mobile***: _____

E-mail***: _____ Food Preference: Veg. Non Veg.

ACCOMPANYING PERSONS / CHILDREN

Title: Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Age	Male	Female	Veg.	Non Veg.
1. Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGISTRATION FEE DETAILS

CATEGORY	Early Advantages Sep 2025 to 20th Dec 2025	Standard Registration 21st Dec 2025 to 5th Mar 2026	Spot Registration 6th Mar 2026 Onwards	CADAVERIC WORKSHOPS	
				Direct Anterior Approach Hip Workshop (DAA) September 2025 to 5th Mar 2026 (Limited Seats)	Foot & Ankle Workshop September 2025 to 5th Mar 2026 (Limited Seats)
NEROSA MEMBER	₹ 3000 <input type="checkbox"/>	₹ 3500 <input type="checkbox"/>	₹ 4500 <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>
NON NEROSA MEMBER	₹ 3500 <input type="checkbox"/>	₹ 4000 <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 5000 <input type="checkbox"/>	₹ 3000 <input type="checkbox"/>
ACCOMPANYING PERSON	₹ 2000 <input type="checkbox"/>				
CHILDREN (BELOW AGE 10)	₹ 0 (FREE REGISTRATION)				

•Accompanying persons batch will not allow entry into the academic halls

I am enclosing here with a Cheque/ Demand Draft no. (Payable at Shillong) _____ dated ___ / ___ / ___
of Rs. _____ (in words: _____) only
drawn on bank _____ in favour of "ORTHOPAEDIC SOCIETY SHILLONG".

Send completed form with cheque or DD payable to:

Account Name: **ORTHOPAEDIC SOCIETY SHILLONG**

Account No.: 30270200000016

IFSC Code: BARBOMAWDIA

Bank Name: Bank of Baroda

Branch: Mawdiangdiang

For office use only

Receipt No. _____

Registration No. _____

For Offline Registration: Please submit the duly filled form along
with proof of payment made to registration@osshillong.in