

## REGISTRATION FORM

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

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Hospital / Institution: \_\_\_\_\_ \*Designation: \_\_\_\_\_

\*Postal Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Pin: \_\_\_\_\_

\*Mobile: \_\_\_\_\_ \*Email: \_\_\_\_\_

Accompanying Person 1: \_\_\_\_\_

Category	Regular Till 23 Feb 2025	Spot From 24 Feb 2025	Workshop
Delegate	INR 5500 <input type="checkbox"/>	INR 6600 <input type="checkbox"/>	INR 2750 <input type="checkbox"/>
Resident	INR 3850 <input type="checkbox"/>	INR 4400 <input type="checkbox"/>	INR 2200 <input type="checkbox"/>
Accompanying	INR 2750 <input type="checkbox"/>	INR 3300 <input type="checkbox"/>	

Please share the screen-shot of payment transaction to +91 - 8977022822  
If amount is paid through above UPI / QR Code

### PAYMENT MODE:

Cheque / DD # \_\_\_\_\_ Dated: \_\_\_\_\_

Drawn on: \_\_\_\_\_ Amount: \_\_\_\_\_

In words: \_\_\_\_\_

Cheque / DD in favour of "Brain and Spine Society - BASS"

### BANK DETAILS:

Account Name	BRAIN AND SPINE SOCIETY BASS
Account Number	50100092869583
Bank Name	HDFC Bank
Bank Address	Road No 1 & 45, Jubilee Hills, Hyderabad
IFSC Code	HDFC0000317



Scan QR Code to make payment through UPI

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Conference Secretariat

**Dr. E A Varalakshmi**

Organising Secretary  
Department of Neurology  
Krishna Institute of Medical Sciences (KIMS)  
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**Mr. Lohitaksh**

Project Co-Ordinator  
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