

IFASCON 2025





Date: 29th-31st August 2025 | Venue: Hotel Maurya, Patna

REGISTRATION FORM

(PLEASE FILL IN CAPITAL LETTER)

Title: Prof. Dr. Mr. Ms. Mrs. Gender: Mal				nale 🗌	DOB:	
rst Name: Middle Name:		nme:	Last Name:			
	titute/ Hospital:					
	State: Pin:					
Meal Preference: Veg. Non Veg. Phone (Off):						
Mobile (Mandatory):	E-m	nail (Mandatory	/):			
ACCOMPANYING P	ERSONS			Age	Male	Female
1. Name						
2. Name						
NON-RESIDENTIAL	PACKAGE					
			Early Bird Reg	gistration	Regular Regi	istration
	Category		Till 15 th July 2025		16 th July 2025 To 25 th August 2025	
IFAS MEMBER			₹ 14,000		₹ 16,000	
NON-IFAS MEMI	BER		₹ 16,000		₹ 18,000	
PG STUDENT			₹ 12,000		₹ 13,000	
ACCOMPANYING	G PERSON		₹ 13,000		₹ 15,000	
BOA MEMBER			₹ 5,000		₹ 7,000	
	WORKSHO	P			AMOUNT	7
3D WORKSHOP ON REAL PATIENT DATASETS				₹	£ 10,000	
CADAVERIC WORKSHOP				₹	10,000	
	Note: The amount for bo	th Single and	l Double Worksho		<u> </u>	
*The above fee is inclusive of 18	8% GST.	-				
Please submit the duly fill For Office use only:	led form to conference secre	etariat:			奥级	機解
	Receipt No.:	Registration No.:				
CONFERENCE SECRETARIAT			Date			
Dr. Rajeev Anand (Organising Secretary) Sun Hospit al			Date			AW.
Kankarbagh Main Rd, Daud Bigha, Bah Mob No:+91 94310 19929 Email:ifa			_		QR CODE	
		Signature		The state of	O PAY	



® PROFESSIONAL CONFERENCE ORGANIZER

INSTANT CONFERENCE SOLUTIONS

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