



63rd

ANNUAL CONFERENCE OF
INDIAN MEDICAL ASSOCIATION
MAHARASHTRA STATE



25th & 26th November 2023
Hotel Grand Mehfil, Amravati

REGISTRATION FORM

(Please write in BLOCK letters)

Date: | |

Receipt No: (for office use only)

Name:.....
(As per State Medical Council Record)

State Medical Council Registration No.:.....

Address:.....

City:.....Pin Code:.....

Mobile (Mandatory):.....Phone: (with STD Code):.....

Email (Mandatory):.....

*MSN/JDN Members shall submit copy of MSN/JDN Certificate issued by IMA HQs along with this Registration Form.

Accompanying Person's Name:.....

Arrival Date.....Time.....Mode.....Pick up Point.....Pick up Time.....

Departure Date.....Time.....Mode.....Drop Point.....Drop Time.....

Amount Paid for - Category No: Rs. Category 4 (Accompanying Person) : Rs.....

Total Paid Rs.....Amount in words:.....

Mode of Payment: Cash DD Paytm/PhonePay/Gpay/NEFT - Transaction No

Date..... Bank Name: Branch

Cheque/DD should be in favor of "MASTACON 2023" payable at Amravati.

Bank Details :

A/c Name: MASTACON 2023

Bank: The Khamgaon Urban Co-op Bank Ltd.

Branch: Railway Station Branch Amravati

A/c No: 701310021012739

IFSC: HDFC0CKUB01

GSTIN: 27AACTT1971B1ZM



QR Code for Payment



pay and send
screenshot with
registration form to
mastacon2023@gmail.com
with cc to avsaboo72@gmail.com

Correspondence Address

Dr. VIKRAM U. DESHMUKH - Organising Secretary

Shree Urology Hospital, Opposite Hotel Sunrise, Walcut Compound, Amravati - 444601

Mob: 9923178737, Email: mastacon2023@gmail.com

Signature

