



REGISTRATION FORM

Registration No: Receipt No: (office use only)PERSONAL DETAILS Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ (Fill in the capital letters)

*Medical Council Number : FOGSI Membership #

*First Name : *Last Name :

Hospital / Institution : *Designation :

*Postal Address :

*City : *State : *Pin : *Country :

*Mobile : *Email :

Accompanying Person 1 : 2

REGISTRATION FEE (Please tick the appropriate box) ☒

Category	Early Bird 15 th Jul – 15 th Sept	Regular 16 th Sept – 19 th Oct	Spot 20 th Oct 2026
Delegate	₹10,000 ☐	₹11,000 ☐	₹12,000 ☐
PG Student	₹8,000 ☐	₹9,000 ☐	₹10,000 ☐
Accompany Delegate	₹7,000 ☐	₹7,000 ☐	₹7,000 ☐

Note: Above rates are exclusive of 18% GST**PAYMENT MODE:** Cheque / DD in favour of "Gulbarga Obstetrics and Gynaecology Society"

Dated : Drawn on : Amount :

In words :

Other mode of Payments – NEFT / RTGS Dated : Amount:

BANK DETAILS:

Date:

Signature:

Account Name	Gulbarga Obstetrics and Gynaecology Society
Account Number	926020023183864
Bank Name	Axis Bank
Branch	Gulbarga
IFSC Code	UTIB0000342

SCAN QR CODE
TO REGISTER

CONFERENCE SECRETARIAT

Dr Rajshree PaladiPresident KSOGA 2026-27
Organising Chairperson**Dr Sanjana Patil Tallur**

Organising Secretary

Karnataka State Obstetrics and Gynaecology AssociationH.No.10-105, Aditya Multi Speciality Hospital, Near District Science Centre,
Sharan Nagar, Kalaburagi-Karnataka-585 103

Phone: +91 9880078755, 9353212743 | E-mail: ksoga26@gmail.com

PROFESSIONAL CONFERENCE ORGANISER

Mr. Thirupathi Atkapuram, CEM

Director – Operations & BD

Mr. Venkatesh G+91 8919819391
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