





LLRM & Meerut Ophthalmological society

REGISTRATION FORM

Title (Mr. Ms. Mrs. Dr. Prof.)	First	Name	•••••	••••••	•••••	••••••	••••••	
Middle Name	Last	Name		••••••	•••••	•••••	•••••	
Membership No	Age		Gende			er		
Registration Category								
E-Mail ID								
Designation				•••••				
Hospital/Institute								
Home Address								
PIN Code								
Workshops					••••••	••••••	•••••	
workshops	U			_				
Accompaying Persons								
Title: Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐		Age	Male	Female	Veg.	Non-Veg		
Name								
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Terms & Conditions

- *Senior Surgeons' Date of Birth Proof is required
- All PG students must attach a letter/certificate by the HOD.
- Registration fee is inclusive of 18% GST.
- · Registration fee includes access to scientific sessions, trade exhibitions, conference lunches, Conference kits, and dinners.
- Registration fee for accompanying person includes access to scientific sessions, trade exhibitions, conference lunches, and dinners.

Cancellation & Refund Policy

- 100% refund the congress secretariat must receive a notification of cancellation in writing at least one month before the event.
- The refund will be processed after deducting the taxes.
- No refund 100% cancellation fee will be charged for any cancellations made within 30 days before the event date.

All cancellations and requests for refund must be in writing to the conference secretariat at upcon2024meerut@gmail.com

Account Details

- Beneficiary Name-U P State Ophthalmological Society
- Name of the Bank-Indian Bank
- Bank A/C Number -20229941520
- Branch Address- Sector- 31 Nithari Noida

- IFSC Code-IDIB000N612
- MICR Code-110019149
- Pan No-AAATU7074J
- **GST NO** -09AAATU7074J1ZY

www.upcon2024meerut.com