

Registration Form

Prof. Dr. Mr. Mr. Mrs.

*Name.....Gender : M F

(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Hospital/Institution.....

*Designation:.....Department":.....

Postal Address:.....

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

Country:.....*E-mail:.....*Mobile:.....

*State Medical Council Reg No. (Ex: TNMC 12345).....

Accompanying Person(s)

(1).....Age:.....Gender : M F

(2).....Age:.....Gender : M F

Payment Details:

Cheque / DD no:.....Date:.....

Drawn on Bank:.....Branch:.....

Total amount in words:

Date:.....Signature.....

For Office use only: Receipt:

Date:

Reg No:



BHIM UPD
BANK TRANSFER FOR PAYMENT
DRAFTS

To Pay Scan Here

Please submit the duly filled form and payment to the conference secretariat

Address for Communication: Conference Secretariat Advances 2026

KJK Hospital, Nalanchira, Trivandrum, Kerala, India

Jayalal R S: 9645446067 | Mail:tvmobgyn@gmail.com | Website: www.tvmobgyn.com
2026advances@gmail.com

Venue: Hyatt Regency Thycaud, Trivandrum

REGISTRATION Tariff

DAY -1, 2nd May 2026	Yearly bird up to 30-03-2026	Spot
CLINICIANS	₹ 5000	₹6000
PG STUDENTS	₹4000	₹5000
DAY -2, 3rd May 2026	Yearly bird up to 30-03-2026	Spot
CLINICIANS	₹5000	₹6000
PG STUDENTS	₹4000	₹5000
DAY 1 & 2 May 02nd & 3rd	Yearly bird up to 30-03-2026	Spot
CLINICIANS	₹9000	₹10000
PG STUDENTS	₹7000	₹ 8000
ACCOMODATION AT HYATT REGENCY (VENUE)	Rate	
SINGLE (1 Night)	₹ 7350	
DOUBLE (1 Night)	₹ 9440	
TRIPPLE (1 Night)	₹ 11210	

- **Registration for Accompanying Person**
Rs.3000 Per Day
Rs.3000 Per Banquet
- Free For Children Below 5years Of Age

Cancellation Policy

20% will be deducted before 10-04-2026 and no refund after 10-04-2026