

## 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:

### Mode of Payment

Cheque/DD to be drawn in favour of "Trivandrum OBGYN Club

Online Registration: Logon to [www.tvmobgyn.com](http://www.tvmobgyn.com)

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](mailto:tvmobgyn@gmail.com) | Website: [www.tvmobgyn.com](http://www.tvmobgyn.com)

2026advances@gmail.com



To Pay Scan Here

**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