

REGISTRATION FORM

*Name:.....
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

*Designation: _____ *Department: _____

Hospital/Institution: _____

Mailing Address: _____

*City: _____ *State: _____

Country: _____ Pin Code: _____

*E-mail: _____ *Mobile: _____

*Medical Council Number: _____ * State _____ DOB: _____

Registration Category: Member | Membership No.: _____ Non Member

PG Student Senior Citizen Journal Indexing Fund* Incidental Charges*

Accompanying Person (s) 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Others

Total Amount : _____ Amount in Words _____

Payment Mode: DD CHEQUE NEFT RTGS GPAY PAYTM PHONEPE UPI/BHIM

Payment Details (DD/NEFT/RTGS Details): _____

Transaction ID: _____

Food Preference : VEG NON-VEG

Sports : Shuttle Tennis Marathon Cricket

Date: _____

Signature: _____

Note : Cancellation Charges Will be applicable as per policy

*Mandatory Field

Mode of payment : DD/CHEQUE to be drawn in favor of " Cholamandalam Ortho Society - TNOACON 2025" payable at Cuddalore.