

XV ANNUAL NATIONAL CONFERENCE OF
INDIAN HERNIA SOCIETY

IHSCON
25th & 26th August



2023
VARANASI

REGISTRATION FORM

Name (In Capital Letters)

Spouse Registration Yes / No If Yes, Name

IHS Membership No. (Mandatory).....

Postal Address

Mobile E-mail.....

Till July 15th 2023

July 16th 2023 onwards

IHS Member	3000/-	3500/-
Non IHS Member	3500/-	4000/-
PG Student	2500/-	3000/-
Spouse	3500/-	4000/-

PAYMENT DETAILS

For Online Transfer:

Account Name : SURGICON | Account No. 27790200000429 | IFSC : BARBoBHUVAR |
Bank Name: BANK OF BARODA.

For DD/Cheques :

Please send completed form along with the DD/Cheques in favour of "SURGICON" payable
at Varanasi to "Department of Surgery, IMS, BHU, Varanasi"

Scan for Payment for Registration:

Please send a scanned copy of transfer receipt to
ihscn2023vns@gmail.com or
send to Whatsapp number [9891330418](https://www.whatsapp.com/channel/002919891330418).

