

# NSSICON 2024, RAIPUR



## Registration Form

23rd-25th, February 2024  
Venue: AIIMS, Auditorium, Raipur

**Title (Mr, Ms, Mrs, Dr, Prof)** .....

**First Name** .....

**Last Name** .....

**Membership No.** ..... **Gender** .....

**Registration Category** .....

**E-Mail ID** .....

**Designation** .....

**Hospital/Institute** .....

**Home Address** .....

**PIN Code** ..... **Mobile No.** .....

### Beneficiary Detail

- Bank Name: ICICI Bank
- Beneficiary Name: Neurological Surgeons Society of India NSSICON 2024
- A/C No. : 428701000397
- IFSC Code: ICIC0004287
- Branch: DCM Ajmer Road Jaipur, Rajasthan

### **CANCELLATION POLICY**

- Request for cancellation can be made via e-mail and must be approved by the secretariat.
- Before 30th October, 2023: 80% of the amount paid will be refunded
- Before 15th November, 2023: 50% of the amount paid will be refunded
- After 31st December, 2023: No Refund

**Please send completed Registration form & Payment detail to**

D. Anil Kumar Sharma

nssicon2024@gmail.com

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