



Reg. No. : Mah/370/97 (Ngp.)
TRAUMA SOCIETY
OF INDIA

28TH ANNUAL CONFERENCE OF THE TRAUMA SOCIETY OF INDIA

CCT 2025

CURRENT CONCEPTS IN TRAUMA

28th February, 1st & 2nd March, 2025 | Brilliant Convention Center, Indore

REGISTRATION FORM

(PLEASE FILL IN UPPER CASE)

Fields marked * are mandatory

Surname*: First Name*:

Postal Address*:

City*: Pincode*: State*: Country*:

Membership No.*: Medical Council No.*:

Tel. (with area code): Residence:

Active E-mail ID*: Mobile*:

All future communications will be through email and mobile via SMS.

Category: (Please ✓ mark in the box)

NON RESIDENTIAL

RESIDENTIAL:

- Delegate
 Post Graduate

- 2 Nights - 3 Days 3 Nights - 4 Days
 Twin sharing (Per Person)
 Single Occupancy
 Delegate + 1 AP

PAYMENT DETAILS

Account Name: Association of Orthopedic Surgeon of Indore
Account No.: 3755348611
Bank Name: State Bank of India
IFSC No.: SBIN0030359

Branch: M.Y. Hospital Campus, Indore,
M.P. Pin - 452001
PAN NO: AAGAA6510L
GST NO: 23AAGAA6510L1ZY