



32nd ANNUAL SCIENTIFIC MEETING OF INDIAN NATIONAL ASSOCIATION FOR STUDY OF THE LIVER

August 7th - 10th, 2024 | Le Méridien, Kochi

SCAN HERE



TO REGISTER

REGISTRATION FORM

Please fill the all required details in **BLOCK LETTERS**

Title : Prof. Dr. Mr. Ms. Mrs. Gender : Male Female

First Name* : _____ Middle Name : _____ Last Name : _____

Institute/Hospital : _____ Designation : _____

Postal Address : _____

State : _____ City : _____ Country : _____ PIN : _____

INASL Membership No. (For INASL Members) : _____ Mobile : * _____ Medical Council No. _____

E-mail* :

Tick the amount which is applicable

Category	Till 15th June	16th June - 31st July	After 31st July and Spot Registration
<input type="checkbox"/> INASL Member	<input type="checkbox"/> INR 12,000	<input type="checkbox"/> INR 15,500	<input type="checkbox"/> INR 18,000
<input type="checkbox"/> Delegate (National)	<input type="checkbox"/> INR 14,000	<input type="checkbox"/> INR 17,500	<input type="checkbox"/> INR 20,000
<input type="checkbox"/> Accompanying (National)	<input type="checkbox"/> INR 10,000	<input type="checkbox"/> INR 13,500	<input type="checkbox"/> INR 16,000
<input type="checkbox"/> Trainees (National)*	<input type="checkbox"/> INR 8,000	<input type="checkbox"/> INR 11,000	<input type="checkbox"/> INR 13,000
<input type="checkbox"/> Delegate (International)	<input type="checkbox"/> USD 250	<input type="checkbox"/> USD 350	<input type="checkbox"/> USD 450
<input type="checkbox"/> Accompanying (International)	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 250	<input type="checkbox"/> USD 300
<input type="checkbox"/> Trainees (International)*	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 250

Accompanying Persons:

1. Name: _____ 2. Name: _____

3. Name: _____ 4. Name: _____

*For Trainees either National / International (Fellow/ Residents/ Students, etc) a certificate of their trainee status is required from Head of the Department/Unit.

For offline registration, participants must fill the offline registration form and send it with the payment receipt of the bank transfer to inasl.secretary@gmail.com

Participants, who wish to pay by Cheque/DD can draw the cheque/Draft in favour of "INASL" payable at New Delhi.

Offline filled registration forms along with the DD/Cheque can be sent to the address given below.

Bank Details	
Account Name: INASL	
Account No.: 32246753355	
Bank Name: State Bank of India	
Branch Name: Mandir Marg, Saket, New Delhi	
Branch Code: 31580	IFSC Code: SBIN0031580

Correspondence Address
Prof. Ajay Duseja (Secretary General, INASL)
Professor & Head
Department of Hepatology, Room No. 36-A, Nehru Hospital Extension Block, Post Graduate Institute of Medical Education and Research (PGIMER), Sector - 12, Chandigarh, India - 160012
Phone: 01722754791, 9417007416, 8448911427

I am enclosing here with a Cheque/Demand Draft no. _____ dated ____/____/____

drawn on bank _____ in favour of "INASL" payable at New Delhi.

Signature