



**INDIAN SOCIETY OF
GASTROENTEROLOGY CONGRESS
UTTAR PRADESH CHAPTER 2025**
11th & 12th OCTOBER, GORAKHPUR

REGISTRATION FORM

Note: Please Fill in Block Letters Only

TITLE DR. PROF. MR. MS.

FIRST NAME MIDDLE NAME LAST NAME

MOBILE NUMBER E-MAIL ID

PLEASE TICK IF YOU ARE A STUDENT NAME OF INSTITUTION
MD DM

NATIONALITY GENDER AGE
MALE FEMALE

MCI REGISTRATION NUMBER

PERMANENT ADDRESS

CITY STATE POSTAL CODE/ZIP

NAME TO BE PRINTED ON BADGE
SAME AS ABOVE IF DIFFERENT, PLEASE MENTION BELOW

NAME OF ACCOMPANYING PERSON

CATEGORY	AMOUNT
Registration	2,000
Accompanying person	2,000
residential registration (11th Night Only)	20,000
Double Occupancy Residential Registration (11th Night only)	30,000

MODE **FUND TRANSFER ONLY**
BANK ACCOUNT DETAILS
PAYEE NAME **GASTROENTEROLOGY SOCIETY OF GORAKHPUR**
ACCOUNT NUMBER **50200096853370**
IFSC CODE **HDFC0000721**
BRANCH **ASURAN CHOWK, MEDICAL ROAD, GORAKHPUR**

AMOUNT RECEIVED
DATE REGISTRATION NUMBER
ACCOMMODATION REQUIRED HOTEL NAME
Y N

Please share the screenshot of Fund Transfer & Scanned Copy of filled Registration Form to
9415212971, 8765179945, 9470987362 (WhatsApp) and gastrologygkp@gmail.com

Secretariat: Gorakhpur Gastroenterology Clinic, Batiahata, Gorakhpur & Gastro Liver Clinic, Khajanchi Chauraha, Gorakhpur
Contact: 9415212971, 8765179945, 9470987362 E-mail: gastrologygkp@gmail.com