REGISTRATION FOR

IAAPS Members - Residential Registrations (Check in Thursday 22nd Jan - Check out Friday 26th Jan 2026) ▾ ← **Select Your Registration Type Choose the Relevant Category**

> IAAPS MEMBERS - RESIDENTIAL REGISTRATIONS (CHECK IN THURSDAY 22ND JAN - CHECK OUT FRIDAY 26TH JAN 2026)	
○ Single Occupancy	INR 65000
○ Twin Sharing Per Person	INR 45000
◉ Delegate + AP	INR 85000

☐ EXTRA ACCOMPANYING PERSON (OTHER THAN THE ALREADY SELECTED DELEGATE WITH AP PACKAGE) *(Optional)*	INR 25000.0

Sub-Total	85,000.00
CGST (9.0%)	7,650.00
SGST (9.0%)	7,650.00
*Processing Fees to be charged according to the payment mode **Total Amount**	**INR 1,00,300.00**

PROCEED

AESURG2026	QUANTITY 1	AMOUNT INR 76,700.00

Attendee Details

Field	Value	Note
Qualification:	Mch	**Enter Qualification**
Designation:	Consultant	**Enter Designation**
Institute:	XYZ Institute	**Enter Institute**
Medical Council No. (Optional) :		**Enter Medical Council No. (Optional)**
Medical Council State (Optional) :		**Enter Medical Council State (Optional)**
Please upload HOD letter here (Applicable for Students) Upload file in JPG|PDF|DOC Format (Optional) :	Choose File No file chosen	**Upload HOD Letter in any of the given Format Ex.(.pdf/.jgp/.doc) Only**
Please mention your preferred Room Partner (Only applicable for Twin/ Triple Sharing Room) (Optional) :		**Preferred Room Partner (Optional)**
IAAPS Membership No(for members only) We will verify this number :	XXXXX	**IAAPS Membership Number**
GST number (Optional) :		**GST Number (Optional)**

MAKE PAYMENT

Please Note :
1.Please fill all the details manually auto-fill may give you error
2.Please fill all the Red Marked fills as they are mandatory
3.No special Character to be written while filling form

Billing Details

Name: Mr. ▾ | Enter First Name | Enter Last Name ← **Enter First Name / Last Name**
Please enter value in First Name field!   Please enter value in Last Name field!

Address: ← **Enter Address**
Please enter value in Billing Address field!

ZipCode: ← **Enter Zip Code**
Please enter value in Billing ZipCode field!

Country: Country ▾ ← **Select Country From Drop Down**
Please select value for billingCountry field!

State: ▾ ← **Select State From Drop Down**
Please select value for state field!

City: ← **Enter City Correctly**
Don't keep space after city name
Please enter value in Billing City field!

Email: Acknowledgement will be shared on this email id ← **Enter Email ID**
Please enter value in Email Address field!

Enter Country Code Manually
(For Ex.India it should be writtern – 91) →

Mobile: + | | ← **Enter Mobile Number**
Please enter value in Mobile Number field!

Please Note :
1.Please fill all the details manually auto-fill may give you error
2.Please fill all the Red Marked fills as they are mandatory
3.No special Character to be written while filling form