

SURGERY UPDATE 2025

Maulana Azad Medical College, New Delhi

4 – 8 AUGUST 2025

Registration Form

(FILL IN CAPITAL LETTERS)

Name: _____

College / Hospital (with City & State): _____

E-mail: _____

Mobile: _____

(Note: Communication will be via email / mobile messages. Please fill legibly)

Course : MS DNB

Year of study: PGY1 PGY2 PGY3 Other

Payment details:

	Till 15.05.2025	16.5.25 to 31.7.25	1.8.25 onwards
Registration amount	₹ 7000/-	₹ 8000/-	₹ 9000

Amount: _____ paid by:

Cash

NEFT / RTGS / UPI to Account no. , IFSC: CNRB0019068, Canara Bank, MA Medical College Branch, Delhi.

The UTR / RRN code is: _____

Note:

- Photocopy / Downloaded copy of registration form is acceptable
- Completed form with payment to be sent to: Prof Sushanto Neogi, Room no. 216, BL Taneja Block, Maulana Azad Medical College, New Delhi-110002

Date: ____ / ____ / 2025

Signature: _____

Website: surgeryupdate.in

 mamcsurgeryupdate@gmail.com

For office use only:

Comments

Registration no.
