
 **Event Date : 05th, 06th & 07th September, 2025**
 **Venue : Pradyut Smriti Bhaban, Zilla Parisad, Midnapore**

SL. No: _____

Date: _____

Registration Form

Registration Type

Choose Any One (Tick One)	Delegate <input type="checkbox"/> PGT <input type="checkbox"/> Student <input type="checkbox"/>
Title (Tick One)	Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
WMOGS Member	Yes <input type="checkbox"/> No <input type="checkbox"/>
WMOGS Membership No.	
State Medical Council Registration No.	

Personal Details

Full Name			
Date of Birth (DD/MM/YYYY)		Age: (Years)	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Nationality	Indian <input type="checkbox"/> Others <input type="checkbox"/>		
Address			
City	State		
PIN Code	Country		
Email	Mobile No:		

Accompanying Person Details (if any)

No. of Accompanying Person(s): _____

Full Name	Age	Gender (Male/Female)

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Registration Receipt

Receipt/SL. No: _____ **Date:** _____ /2025
Received from: _____ **Amount: ₹** _____
Registration Type: Delegate PGT Student **Accompanying Person(s):** _____
Towards Registration for: 3rd WMOGSCON 2025 **Payment Mode:** _____
Transaction/Ref. No.: _____ **For WMOGS Authorized Sign:** _____

Payment Details



Merchant Name : WEST MEDINIPUR OBST. AND
GYNE. SOCIETY
UPI ID : 40346156037@sbi

Bank Account Name	WEST MEDINIPUR OBST. AND GYNE. SOCIETY
Bank A/c Number	4034 615 6037
Bank Name	STATE BANK OF INDIA
Account Type	Current Account
IFS Code	SBIN0018067
Branch	PBB MEDINIPORE



(Note: If UPI payment fails but amount is debited, it will be refunded within 5-7 working days. For issues, contact your UPI app support.)

Total Amount	₹
Payment Mode	UPI <input type="checkbox"/> Card <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS <input type="checkbox"/>
Transaction/Ref. No	Date

General Registration Fees Details

Delegate	₹4,000
PGT	₹2,000
Student	₹1,500
Accompany/ Person	₹1,000
Gala Dinner/ Person	₹500

(Applicant Signature)

(On Behalf of WMOGSCON 2025)

Note: Delegate kits confirm if registration done before 31st August, 2025

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