



Event Date : 26th & 27th September, 2026

Theme : Empowering Women's Health - Prevention of Teenage Pregnancy.

Venue : Pradyut Smrity Sadan, Zilla Parisad, Midnapore

SL. No. _____

Date: _____

Registration Form

Registration Type

Choose Any One (Tick One)

Delegate ☐ PGT ☐ Student ☐

Title (Tick One)

Dr. ☐ Prof. ☐ Mr. ☐ Ms. ☐ Mrs. ☐

WMOGS Member

Yes ☐ No ☐

WMOGS Membership No.

State Medical Council Registration No.

Personal Details

Full Name			
Date of Birth (DD/MM/YYYY)		Age: (Years)	
Gender	Male ☐ Female ☐		
Nationality	Indian ☐ Others ☐		
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: _____/2026

Received from: _____ Amount: ₹ _____

Registration Type: Delegate ☐ PGT ☐ Student ☐ Accompanying Person(s): _____

Towards Registration for: 4th WMOGSCON 2026 Payment Mode: _____

Transaction/Ref. No.: _____ For WMOGS Authorized Sign: _____

Payment Details

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



Merchant Name : WEST MEDINIPUR OBST. AND

UPI ID : 40346156037@sbi



(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 ☐ Card ☐ Cheque ☐ DD ☐ NEFT ☐ RTGS ☐
Transaction/Ref. No	Date

General Registration Fees Details

Delegate	₹ 3,000 for Early Birds (Offer ends on 21.09.26) ₹ 4,000 from 22.09.2026 - Spot Registration ₹ 5,000
PGT	₹ 2,000
Student	₹ 2,000
Accompany/ Person	₹ 1,500
Gala Dinner/ Person	₹ 800

(Applicant Signature)

(On Behalf of 4th WMOGSCON 2026)

Note: Delegate kits confirm if registration done before 20th September, 2026

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