



# ASTICON 2024

48th National Conference of IASSTD & AIDS  
New Delhi

29th-31st August & 1st September 2024

Venue: Hotel Eros, Nehru Place, New Delhi

## REGISTRATION FORM

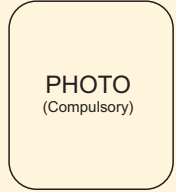
(FILL IN CAPITAL LETTERS)

**For office use only**

(Please tick  appropriate)

Registration No. \_\_\_\_\_  
Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Remark \_\_\_\_\_  
Checked by \_\_\_\_\_

IASSTD & AIDS Member   
IADVL/IAMM\*/FOGSI\*\* Member/  
Other specialists/ Policy makers   
IASSTD & AIDS PG Student   
Non IASSTD & AIDS PG Student   
SAARC Delegate   
International Delegate



Name .....DOB .....  
(as per Medical Council Certificate)  M  Veg   
 F  Non Veg

Medical Council Regist. No. .... IASSTD & AIDS/IADVL/IAMM/FOGSI/Any Relevant\*\*\* Membership No. ....

SAARC/ International Association Number.....

Mobile (Whatsapp) .....Email.....

Address .....

City ..... Pin code ..... State .....

**Accompanying Person: Maximum 3 per delegate (only of age above 5 years)**

Name .....  M  Veg   
 F  Non Veg

Name .....  M  Veg   
 F  Non Veg

Name .....  M  Veg   
 F  Non Veg

Category ..... Amount .....

Accom. Person: (No.s) .....X..... Amount .....

Total Amount .....

I enclose Rupees .....Only

by cash/DD/Cheque/NEFT No. ....Dated .....drawn on .....Bank

in favor of "ASTICON 2024" payable at New Delhi/I have paid by QR code on ..... I have shared the screenshot of payment at 9871904901 or through email asticon2024@gmail.com

*I hereby declare that all the above mentioned details are true and correct and I shall obey the rules, term and conditions laid by the Organizing committee*

Date..... Signature.....

Place.....

\*Indian Association of Medical Microbiologists  
\*\*Federation of Obstetric and Gynaecological Society of India  
\*\*\*Other Specialists/ Policy Makers

## RECOMMENDATION LETTER BY HEAD OF THE DEPT FOR PGT ONLY

It is mandatory to get the above "Recommendation Letter" signed by their HOD for PG students

I (HOD name) \_\_\_\_\_ certify that

the above applicant is doing PG in the Dept of \_\_\_\_\_

\_\_\_\_\_ (college name) from \_\_\_\_\_ (Date of Joining).

HOD Signature with seal .....