Indian Association of Dermatologists, Venereologists & Leprologists

Tamilnadu Branch

15th CUTICON Tamilnadu , 8-10th August 2025 Erode

REGISTRATION FORM

Name:

IADVL No (LM/PLM)

Medical Council Number: State

Designation Gender M F Age Years

Institute Affiliation/Clinic Name

Address

Photo

Mobile No WhatsApp No

Email Id Food Preference Veg Non-Veg

Accompanying persons

1.
2.
3.
4.

Conference registration amount

Category	**18/11/24 to 31/3/ 2025**	**1/4/2025 to 30/07 2025**	**1/8/2025 to Spot**
IADVL LM	7000+1260=8260	8000+1440=9440	9000+1620=10620
PLM & PGS	4000+720=4720	5000+900=5900	6000+1080=7080
Accompanying Person	5000+900=5900	6000+1080=7080	7000+1260=8260

1. Conference registration amount is for all three days (inclusive of workshop; 3 lunch + 2 dinners ; delegate kit) + plus Extra GST(18%) as per state & central guidance + banking, transaction charges if any
2. All faculty, participants must register the conference with their IADVL LM /PLM number except accompanying person
3. PLM & PGS – HOD letter to be attached
4. Mode of Payment - Cash/ Cheque /DD/ UPI/G Pay
5. UPI/G Pay ID_____ Date & time

Total amount Rs----------only . In words ----------

Banking Details

Name of the Account

Name of the Bank

Name of the Branch

IFSC of the Branch

QR Scan & Pay

Signature & Date

Contact us : cuticontnerode2025@gmail.com

Updates visit us : https://cuticontamilnadu2025.in/