

*Full Name

Medical Council Reg. No KFOG Society.....

*Hospital

*Address

*WhatsApp Number

*Email ID

WRITE IN CAPITAL LETTERS

REGISTRATION FEES

Early Bird Extended : 15th January 2026

	Delegate	Postgraduate	Accompanying Person
Workshop	5500	4500	Common To All
Conference Only	11500	9000	8500
Workshop + Conference	15000	11500	

Regular : 16th January 2026 - 25th January 2026

	Delegate	Postgraduate	Accompanying Person
Workshop	6500	5500	Common To All
Conference Only	13000	9500	9500
Workshop + Conference	16000	13000	

Late / Spot - 26th January 26 onwards to spot

	Delegate	Postgraduate	Accompanying Person
Workshop	7500	6500	Common To All
Conference Only	14000	10000	10500
Workshop + Conference	18000	15000	

PG : Postgraduates should produce ID card of Institution or letter from HOD
GST 18% Inclusive*

Workshops

Tick any one ✓

1. Obstetrics, Perinatology & Neonatology ☐
2. Laparoscopy & Robotic Surgery ☐
3. Infertility ☐
4. Colposcopy & Hysteroscopy ☐

Bank Transfer Details

Account Name : AKCOG2026 Account Number : 0311053000001190
Type : Current Account IFSC Code : SIBL0000311
Bank : South Indian Bank Ltd PANCARD : AAATC9274C
Branch : Ernakulam



Scan to Pay

Send us the filled form with payment details - NEFT / UTR / UPI transaction No.

..... details to +919895121007 , +917356994766 or email us at keondyhelpdesk@gmail.com.

Conference Secretariat

Keondy Events

28/2277 Ground Floor , Chilavanoor Rd, South Chilavanoor , Kadavantra , 682020 Cochin

Ph : 9895121007, Email : Shekarcorpkerala@gmail.com - info@akcog2026.com