



33rd ANNUAL CONFERENCE OF INDIAN ACADEMY OF NEUROLOGY



DATE : 28th Oct, 2026 to 01st Nov, 2026 | VENUE : Novotel Convention Centre Jaipur , Rajasthan

REGISTRATION FORM

(OFFICE USE ONLY)

Receipt No.:

Registration No.:

Please Fill In CAPITAL Letters

IAN Member: Yes No IAN Membership No.:

Title: Prof. Dr. Mr. Ms. Mrs. Gender: Male Female Other DOB: Age:

Full Name (As you want it to be written on the certificate):

Medical Council Reg. No.: Medical Council Reg. State:

Institute/ Hospital: Designation:

Postal Address:

City:

State: Pin: Country:

Mobile*: E-mail*:

ACCOMPANYING PERSONS

	Age	Male	Female
1. Name.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Name.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Name.....	<input type="checkbox"/>	<input type="checkbox"/>

REGISTRATION DETAILS

REGISTRATION CATEGORY	Early Bird Registration Upto 31st March 2026	Regular Registration Upto 20th Sept 2026	Spot Registration After 20th Sept 2026
IAN Member	₹ 11500	₹ 17200	₹ 22800
Non Member	₹ 14300	₹ 21500	₹ 28600
Senior Citizen (Above 70 years)	₹ 0	₹ 0	₹ 22700
Accompanying Person	₹ 5500	₹ 11200	₹ 23600
Student/Residents	₹ 5700	₹ 8600	₹ 11500
International Delegate	USD 715	USD 860	USD 1145
Student / Resident / Fellow / International	USD 360	USD 430	USD 560
Workshops	₹ 1400	₹ 1400	₹ 2000

* above charges are inclusive of GST

REGISTRATION CONTRIBUTION

Registration Fee Paid Details (Please see the Registration Fee)

IAN Member/Non Member	INR _____
Students/Residents	INR _____
Accompanying Delegate	INR _____
International Delegate	USD _____
Student/Resident/Fellow International	USD _____
Workshop	INR _____

Grand Total INR / USD _____

REGISTRATION GUIDELINES

Delegate Kit for spot registration is subject to availability.
Registration charge including 18% GST.
Child below 5 years needs to submit age proof
PG Students should submit the bonafide certificate from
Head of the Department/Institution along with Registration form.
Conference is on _____
Workshop is on _____ conference registration is
mandatory for workshop registration

BANK DETAILS

ACCOUNT NAME: IAN CON 2026

A/C NO : 361405002059

IFSC CODE : ICIC0003614

NAME OF BANK : ICICI bank

BRANCH : Shyam Nagar

Cheque & Demand Draft for the appropriate amount to be raised in favour of
"IANCON JAIPUR 2026" Payable at _____ on (Name of Bank & Branch)
FOR ANY REGISTRATION & CONFERENCE
RELATED QUERY PLEASE CALL ON +91
(BETWEEN ____ AM TO ____ PM)

Scan Here



For UPI Payment

PAYMENT INFORMATION

Mode Of Payment: DD Card Cash UPI IMPS NEFT/RTGS

Ref. No. / DD / UTR _____ Date: _____

Cheque & Demand Draft for the appropriate amount to be raised in favour of "IANCON JAIPUR 2026" Payable at Varanasi.

I agree to abide by the Rules and Regulations of IAN.

Signature: _____

CONFERENCE SECRETARIT



Dr Bhawana Sharma
Organising Secretary

ADDRESS: C-116, Behind Vidhansabha,
Near Jyoti Nagar Thana, Lalkothi, Jaipur, Rajasthan 302015