Registration Form

MASTER COURSE IN SHOULDER & KNEE

27th, 28th February & 1st March 2025 | Retreat Auditorium, MIOT International, Chennai, India



Medical Council:

IGOF

4/112, Mount Poonamallee Road, Manapakkam, Chennai - 600 089, India. Ph: +91 44 4200 2288, Extn: 4128

Reg No.:

E-mail: enquiry@igof.in

Indo-German Orthopaedic Foundation

Website: www.igof.in

Tamilnadu Medical Council (TNMC)

Please fill the details as registered in your respective medical council.

This information will be used for CME credit hours from Tamil Nadu Medical Council

Other than TNMC (Mention the State)	Reg No.:
Name:	
Mob.: Email:	
Designation:	Date of Birth:
Institution:	
Address:	
	Pin:
City: State:	Country:
Registration Details:	Payment Details:
☐ Medical Practitioner (Rs.1500/-)	Cheque / DD No.:
☐ Postgraduate* (Please carry bonafide certificate)	Drawn on Bank:
Physiotherapists* (Post Graduate) (Students - Please carry bonafide certificate / ID card. Physiotherapists - Please carry degree certificate or MIAP certificate)	Total Amount:
☐ IGOF Lifetime Member* (Membership Ref. No.)	
*No Registration Fee	Signature
Submission of registration form is mandatory for all. Payment to be made through Cheque or DD in favour of 'IGOF' payable in Chennai. Acknowledgement will be sent through SMS or Email. Online registrations will be closed on 23 rd February 2025 at 12 noon. Please send the duly filled form and payment to: INDO	Scan this QR code
4/112, Mount Poonamallee Road, Manapakkam, Chennai - 600 089, India.	
Ph: +91 44 4200 2288, Extn: 4128, Mob: +91 63816 29979, E-mail: enquiry@igof.in Website: www.igof.in	
For Office Use only	
Receipt No.: Registration No.:	Date: