



Under Aegis of TOSA

10th Annual Conference of

Telangana Orthopaedic Surgeons Association TOSA CON - 2025

Organised By:

FEB 2025, HYDERABAD

Dept. of Orthopaedics Nizam's Institute of Medical Sciences, Hyderabad

Registration Form

Registration

*** Mandatory Fields**

Receipt(in the capital letters)

PERSONAL FIELDS: Title: Dr. ☐ Prof. ☐ Consultant ☐ Postgraduate ☐

TOSA Member: Yes ☐ No ☐ *Tosa Membership Associate Membership No *MCI/ TSMC No

*First Name:

Middle Name: *Last Name:

*Date of birth ____/____/____ Age () Gender: Male ☐ Female ☐ I Nationality: Indian ☐ Others ☐

Institute

*Address:

*City: State

Pin Code *Mobile Phone

*Email ID:

Meal Preference Veg ☐ Non-Veg ☐

ACCOMPANYING PERSON:

*Name: Age Gender M ☐ F ☐

*Name: Age Gender M ☐ F ☐

Registration Fee: Please tick the appropriate box

Category		Pre-Launch Conference Registration on 2 nd , 3 rd & 4 th Feb 2024	Early Bird Till 31 st March 2024
		Amount	Amount
Member	<input type="checkbox"/>	Rs. 6,000/-	Rs. 7,500/-
Non Member	<input type="checkbox"/>	Rs. 7,000/-	Rs. 8,500/-
Post Graduate	<input type="checkbox"/>	Rs. 5,000/-	Rs. 5,500/-
Accompanying Person	<input type="checkbox"/>	Rs. 5,000/-	Rs. 5,500/-

CME

***Registration amount is exclusive of GST**

Conference Workshops: Choose one workshop

- ☐ Pelvi Acetabular
- ☐ Hip Arthroplasty
- ☐ Hand and Wrist
- ☐ Ilizarov
- ☐ PG Training Programme
- ☐ Shoulder Arthroscopy
- ☐ Primary TKR
- ☐ Knee Arthroscopy
- ☐ Foot and ankle
- ☐ Pediatric femur fractures
- ☐ Spine workshop on imparting soft skills
- ☐ Bone tumours (Techniques on core Biopsy)

Bank Details

Account Name: **Active Association of Orthopaedic Surgeons - NIMS**

Account No: **107911010000031**

IFSC Code: **UBIN0810797**

Bank Name: **UNION BANK OF INDIA**

Branch Name: **NIMS Branch**

PAYMENT MODE

Cash ☐ Net banking ☐ DD ☐ Card ☐ UPI + QR Code ☐

Cheque/DD/UTR # Dated: Drawn on: Bank

In words in favour of **"TOSA CON 2025"** payable at Hyderabad, Telangana.

Contact:

Mrs. LAXMI PRABHA

M: +91 90521 92744

Email: tosacon2025@gmail.com

Date: Signature:



Scan to Pay