



33rd ANNUAL CONFERENCE OF INDIAN ACADEMY OF NEUROLOGY



DATE : 28th Oct, 2026 to 01st Nov, 2026 | VENUE : Hotel Novotel & Jaipur Exhibition and Convention Centre, 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 <input type="checkbox"/>
Non Member	14300	21500	28600 <input type="checkbox"/>
Senior Citizen (Above 70 years)	0	0	22700 <input type="checkbox"/>
Accompanying Person	5500	11200	23600 <input type="checkbox"/>
Student/Residents	5700	8600	11500 <input type="checkbox"/>
International Delegate	715	860	1145 <input type="checkbox"/>
Student / Resident / Fellow / International	360	430	560 <input type="checkbox"/>
Workshops	1400	1400	2000 <input type="checkbox"/>

* 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 29th October – 01st November 2026.
Workshop is on 28th October 2026, 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

"IAN CON 2026" Payable at Jaipur on (ICICI Bank, Shyamnagar)

FOR ANY REGISTRATION & CONFERENCE

RELATED QUERY PLEASE CALL ON +91 81025 17767

(BETWEEN 11 AM TO 7 PM)

CANCELLATION / REFUND POLICY

Cancellation of your IANCON 2026 registration can be done by writing
an email to the conference secretariat at iancon2026jaipur@gmail.com

Please note:

Cancellation before 31st August 2026 will attract a cancellation
fee of 50% of gross registration value (excluding GST)
All cancellations done post 31st August 2026 will be non-refundable.
All refunds will be processed within 4 weeks of the completion of
the conference.

Timestamp of email will be considered as official date of
cancellation request.

GST value is non-refundable for any type of cancellation.
Bank Details for Payment Through RTGS / NEFT

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,
Janpath Lalkothi, Jaipur, Rajasthan 302015