international school of medicine
kiel - goettingen - munich · germany

Please insert a current passport photo here

ISOM FALL 2026 REGISTRATION FORM

Reproductive Medicine Course
Comprehensive Basic & Advanced Level
November 13 – 21, 2026 | Goettingen, Germany

Personal details:

Title: Dr. / Mr. / Ms. Full Name (as per passport)

Date of Birth: Passport Nr : Expiry Date :

Address :

City /Town: Postal Code:

State : Country: Nationality :

Medical Specialty / Qualification:

Hospital / Clinic / Institution:

Medical Council Registration No.:

Telephone numbers: (Please include country code)

Mobile: Whats app no:

Email:

ACCOMMODATION & MEAL PREFERENCES

Single Occupancy: ☑ Included **Accompanying Person:** ☐ Yes ☐ No

If Yes, Name: _____ Relationship: _____

Meal Preference: ☐ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Any Food Allergies / Dietary Restrictions: _____

I accept that photos made during my stay as accompanying person will be published on the

- ISoM website ☐ Yes ☐ No

- ISoM face book ☐ Yes ☐ No

Training Course Fee: PARTS OF THE COMPREHENSIVE COURSE CANNOT BE BOOKED SEPERATELY!

PAYMENT DETAILS :

A] : Mandatory Non-Refundable Registration Fee: INR 40,000/-
Account Name: Jupiter Medical Events
Account Number: 0912000100426901
Bank: Karnataka Bank
Branch: Andheri West, Manish Nagar, Mumbai – 400053, India
IFSC Code: KARB0000091

After payment kindly email the following to: **info.jupiter.medical.events@gmail.com**

- Completed registration form
- Payment screenshot
- Passport data pages
- PAN Card
- Aadhaar Card

B] : Upon registration, participants will receive an invoice from ISOM for the €4,900 tuition fee payable directly to ISOM, Germany.

DECLARATION & QUESTIONNAIRE :

I am a gynaecologist:
a) ☐ Yes b) ☐ No

I already perform IVF or ICSI by my own hands:
a) ☐ Yes b) ☐ No

I was referred to this course by
a) ☐ Advertisement b) ☐ Internet c) ☐ Other: d) ☐ friend / colleague e) ☐ sms/whats app

I hereby confirm that the information provided above is true and correct to the best of my knowledge. I understand and accept the payment, refund, visa, and liability terms mentioned in the brochure and registration documents.

City	Date	Signature