

Society of Fetal Medicine Marathwada Chapter Ambajogai Outreach Programme

AWARDED
2 MMC
CREDIT POINTS



SOCIETY OF
FETAL MEDICINE

In Association with IMA Ambajogai

Sunday | 4th August, 2024 | 9:00 am - 4:00 pm

Hotel Piyush Inn, Mondha Road, Ambajogai, Dist Beed, Maharashtra - 431517

Time	Topic	Speaker
9:00 am - 9:30 am	Registration	
9:30 am - 10:00 am	Dating Pregnancy: Is it so Important?	Dr. Shivanand Patil
10:00 am - 10:30 am	NT Scan: How to Proceed with a Positive Marker	Dr. Shilpa Satarkar
10:30 am - 11:00 am	Ectopic Pregnancy, Still an Enigma?	Dr. Aniruddha Kulkarni
11:00 am - 11:40 am	Genetic Test: Which, When and Why?	Dr. Bimal Sahani
11:40 am - 12:00 pm	Welcome and Inauguration	
12:00 pm - 12:30 pm	Second Trimester Genetic Sonogram	Dr. Manoj Jadhav
12:30 pm - 1:00 pm	Case Presentations	Presenters: Dr. Sudhir Hirwe, Dr. Nitin Potdar
1:00 pm - 2:00 pm	Lunch	
2:00 pm - 2:30 pm	Doppler: Know the Vessels and Waveforms	Dr. Sujit Kondkar
2:30 pm - 3:30 pm	The Growth Conundrum	Dr. Bimal Sahani
3:30 pm - 4:00 pm	Questions and Answers	
4:00 PM	Vote of Thanks	

Registration Fees till 3rd August

SFM Member:.....800 INR

Non SFM Member:.....1000 INR

inclusive of 18% GST

Registration Fees On-Spot

For All:.....1200 INR

inclusive of 18% GST



For Online Registration
Click Here

For More Information Contact us

Email ID: sfmsecretariat2017@gmail.com / veenamoghepanat@gmail.com /

Call: Mr. Vishal Mittal: 9312227181 or Dr. Veena Panat at 9823207491

www.societyoffetalmedicine.org



CONFERENCES
INTERNATIONAL

Society of Fetal Medicine

Marathwada Chapter

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FETAL MEDICINE

REGISTRATION FORM

SFM Membership No. _____ Medical Council No. _____
Title Prof/Dr/Mr/Ms _____ Gender: Male Female Others
First Name _____ Last Name _____
Institution _____
Correspondence Address _____
City _____ Pin Code _____ State _____ Country _____
Mobile No. _____ Email. _____

(All Fields are Mandatory)

Category	Reg Fees till 3 rd August	Reg Fees On-Spot
SFM Member <input type="checkbox"/>	INR 800 <input type="checkbox"/>	INR 1200 <input type="checkbox"/>
Non Member <input type="checkbox"/>	INR 1000 <input type="checkbox"/>	

Inclusive 18% GST

MODE OF PAYMENT

Bank Draft/Cheque - To be made in favor of "Society of Fetal Medicine"

Cheque / Draft No **Date**

Total Amount

Please send Registration Form along with cheque / draft at Conference Secretariat address as below

BANK TRANSFER DETAILS

Account Holder Name: Society of Fetal Medicine

Account No.: 91111010002044

Bank Name: Canara Bank

IFSC Code: CNRB0019111

Branch Name & Address: Canara Bank, Sir Gangaram Hospital, Rajinder Nagar, New Delhi-110060

Note:* Kindly email us bank deposit slip / UTR number, along with the filled Registration Form once you have made the payment

Conference Secretariat

Society of Fetal Medicine

C - 584, Defence Colony,

New Delhi - 110024

Contact No.: +91 9312227181



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