

# Society of Fetal Medicine

## Marathwada Chapter Second Quarterly Meeting

16<sup>th</sup> October, 2022

Venue: IMA Hall, Ahmednagar | Maharashtra



SOCIETY OF  
FETAL MEDICINE

Time	Topic	Speaker
8:30 - 9:00 AM	Registration & Breakfast	
9:00 - 9:20 AM	Dating in Pregnancy	Dr Sujit Kondkar
9:20 - 9:50 AM	Approach to Screening for Aneuploidy	Dr Sumitra Bachani
9:50 - 10:20 AM	First Trimester Anamoly Scan	Dr Shilpa Satarkar
10:20 - 10:35 AM	Case Presentation	
10:35 - 10:50 AM	Tea Break	
10:50 - 11:10 AM	Inauguration	
11:10 - 11:40 AM	Imaging Spectrum of Ectopic Pregnancies	Dr Aniruddha Kulkarni
11:40 - 12:35 PM	<b>Dr Alka Ekbote Oration</b> Basic Genetics in Daily Practice	Dr Bimal Sahani
12:35 - 1:05 PM	Screening for Preeclampsia - Recent Advancements	Dr Sumitra Bachani
1:05 - 1:15 PM	Trade Partener Videos	
1:15 - 2:00 PM	Lunch Break	
2:00- 2:55 PM	<b>Panel Discussion on FGR</b>	<b>Moderator:</b> Dr Bimal Sahani
2:55 - 3:10 PM	Case Presentation	
3:10 - 3:40 PM	Evolving Anamolies	Dr Bimal Sahani
3:40 - 3:55 PM	Tea Break	
3:55 - 4:10 PM	Case Presentation	
4:10 - 4:30 PM	Placenta - The Black Box of Pregnancy	Dr Veena Panat
4:30 - 5:00 PM	Case Based Discussion	Dr Aniruddha Kulkarni
5:00 - 5:15 PM	Q & A	
5:15 PM	<b>Vote of Thanks</b>	

### REGISTRATION FEES

SFM Member-----	INR 600
Non SFM Member-----	INR 1000
PG -----	INR 300

inclusive of 18% GST



For Online Registration  
**Click Here**

### For More Information Contact us

Email ID: [sfmsecretariat2017@gmail.com](mailto:sfmsecretariat2017@gmail.com) / [marathwadasfm@gmail.com](mailto:marathwadasfm@gmail.com) /  
[drsujitskondkar@yahoo.co.in](mailto:drsujitskondkar@yahoo.co.in)

Call: Mr. Vishal Mittal: 9312227181 or

Dr. Sujit Kondkar (Secretary SFM Marathwada) : +91 9325213700/+91 9764866337

[www.societyoffetalmedicine.org](http://www.societyoffetalmedicine.org)

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### 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	Registration Fees
SFM Member <input type="checkbox"/>	INR 600 <input type="checkbox"/>
Non Member <input type="checkbox"/>	INR 1000 <input type="checkbox"/>
Student <input type="checkbox"/>	INR 300 <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



For Online Registration

**Click Here**

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