



Society of Fetal Medicine Marathwada Chapter Beed Outreach CME

Applied for
2 MMC
Credit Points

In collaboration with
Beed OBGY Society and Radiological Association of Beed

Sunday | 13th September, 2026 | 8:30 am to 4:30 pm
Hotel Grand Yashoda, Beed, Maharashtra

Star Faculty



Dr. Bimal Sahani



Dr. Shilpa Satarkar

Registration Fees

Category	Reg Fees
SFM Member	INR 500
Non SFM Member	INR 700

inclusive of 18% GST

Scan QR Code
To Register



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For More Information Contact us

Email ID: sfmsecretariat2017@gmail.com / marathwadasm@gmail.com /
Call: Dr. Sudhir Hirwe: +91 9822877725, Dr. Sujit Kondkar: +91 9764866337,
Dr. Jayashree Jadhav: +91 9325225481, Mr. Vishal Mittal: +91 9312227181

www.societyoffetalmedicine.org



Diagnose Early, Act Early: From Preconception to Genetic Sonogram

Scientific Program

Time	Topic	Speaker
08:30 am – 09:00 am	Registration and Breakfast	
09:00 am – 09:20 am	Dating Matters: Getting the EDD Right	Dr. Sudhir Hirwe
09:25 am – 09:55 am	Beyond the NT: Unlocking the First-Trimester Scan	Dr. Bimal Sahani
09:55 am – 10:15 am	Before the Pressure Rises: Predicting Preeclampsia	Dr. Jayashree Jadhav
10:15 am – 10:35 am	Spot the Clues: The Second-Trimester Genetic Scan	Dr. Shilpa Satarkar
10:40 am – 11:00 am	NIPT: Reading the Fetal DNA Story	Dr. Sujit Kondkar
11:00 am – 11:30 am	Inauguration	
11:30 am – 12:10 pm	10 Step Approach to Diagnosis and Management of FGR	Dr. Bimal Sahani
12:10 pm – 01:00 pm	CASE PRESENTATIONS	
01:00 pm – 02:00 pm	Lunch	
02:00 pm – 02:25 pm	Twins Under Watch: The Essentials of Surveillance	Dr. Veena Panat
02:30 pm – 02:50 pm	PLACENTA ACCRETA SPECTRUM: See It Before You Deliver	Dr. Shilpa Satarkar
02:55 pm – 03:15 pm	When ‘Not Lethal’ Doesn’t Mean ‘No Risk’: The Medico-Legal Side of Counseling” Non-Lethal Anomalies	Dr. Sharad Shinde
03:15 pm – 04:00 pm	Panel Discussion: Aneuploidy Screening	Moderator: Dr. Bimal Sahani
04:00 pm – 04:30 pm	Audience interaction and Discussion	
04:30 pm onwards	Vote of Thanks	

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REGISTRATION FORM

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

(All Fields are Mandatory)

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Non Member ☐	INR 700 ☐

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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