



SOCIETY OF
FETAL MEDICINE

Society of Fetal Medicine Bihar Chapter Darbhanga Outreach Program

National Faculty

BLOCK YOUR DATE

Sunday | 19th April, 2026

M2S Restaurant & Banquet Hall, VIP Rd, Benta,
Laheriasarai, Darbhanga, Bihar 846001



Dr. Krishna Gopal

Registration Started

Registration Fees

Category	Early Bird till 31 st March, 2026	Regular 1 st April - 18 th April	Onspot
SFM Member	INR 800	INR 1000	INR 1200
Non SFM Member	INR 1000	INR 1250	INR 1500
PG Student	INR 800	INR 800	INR 1000

Inclusive 18% GST

Abstract Submission is Now Open!
Submit your Abstract Now and get a chance to Present.
Last Date of Submission: 9th April 2026.
Submit at sfmdarbhanga@gmail.com



**CLICK HERE
TO REGISTER**



For Any Query: Email us at sfmsecretariat2017@gmail.com,
Call/Whatsapp Dr. Ruchi Gupta: +91 9718407808
Mr. Vishal Mittal: +91 9312227181

www.societyoffetalmedicine.org



Abstract Guidelines

Dear Colleague,

Society of Fetal Medicine encourages participation of all members through presentations at all its conferences, congresses and webinars. SFM Bihar Chapter Outreach Program at Darbhanga will be held on 19th April 2026. It brings an excellent opportunity for you to present before the entire audience. This can be done if your abstract of original research/ work and case reports is selected for oral or poster presentation. Submit your abstract today. Please do not miss the deadlines.

Abstract Submission Guidance

- All abstracts have to be sent to sfmdarbhanga@gmail.com
- There are two categories:
 - Oral Paper Presentation
 - Electronic Poster
- Abstracts must be submitted in English,
- Each abstract should consist of a “formal” word file.
- All abstracts will be anonymised and peer reviewed by an independent set of judges.
- All the presenting authors need to register. In case your abstract is not accepted and you don't want to attend the CME, your registration will be refunded.
- The abstract body should be limited to 250 words and 15 words for the title of your submission.
- The title should be entered in CAPITAL LETTERS. Please do not put your title in quotation marks. Please do not use formatting tags in the title. Please do not add a full stop ('.') at the end of the title.
- The abstract must not contain any graphics, tables, pictures, or other types of figures.
- Abstracts should be structured using the following subdivision:
 - Introduction/ Background
 - Material and Methods
 - Results
 - Conclusions
 - Keywords
 - References (not exceeding 10)
- Authors must not include already published data
- Up to 8 co-authors may be included.
- If accepted for an oral presentation, the author will be able to make the presentation in front of a live audience at the CME. The time and other details of the session will be sent to the author in a separate email.
- If accepted for a poster presentation, the author will be required to submit the poster as a single ppt. slide in an electronic format in advance of the CME. Poster authors will be sent detailed guidance on how to do this, once their abstract is accepted. Posters will be made available electronically for delegates to access during the CME.
- By submitting an abstract, you authorize Society of Fetal Medicine to record your presentation (if accepted). All or a portion of presentations, discussion, question and answer, comments, documents and presentation slides presented will be recorded and may be selected for inclusion on the event platform, website, On Demand web portal for members, YouTube & social media. These may also be used for promotional purposes.

Abstract Topics and Presentation Styles

Please select a topic which is most applicable to your study. Please specify the preference for oral presentation or poster presentation. Please note that the Scientific Committee will make the final allocation when the abstract is accepted. All abstracts must be on “**Challenges in Fetal Medicine Practice**” topics.

Important Dates

18th March, 2026 - Abstract Submission Opens

9th April, 2026 - Abstract Submission Closes

Notification of Acceptance will be sent via email to the presenting author

All Abstracts will be peer reviewed for selection

Team SFM Bihar Chapter



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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	Early Bird till 31 st March, 2026	Regular 1 st April - 18 th April	Onspot
SFM Member <input type="checkbox"/>	INR 800 <input type="checkbox"/>	INR 1000 <input type="checkbox"/>	INR 1200 <input type="checkbox"/>
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PG Student <input type="checkbox"/>	INR 800 <input type="checkbox"/>	INR 800 <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 the 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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