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**PHARMACOVIGILANCE
14th ACADEMIC MEET 2020**

12th April 20

MULTI DISCIPLINARY CONFERENCE /CME ON:

PHARMACOVIGILANCE

Medical Colleges to community

Venue:

AHMEDABAD MANAGEMET ASSOCIATION ATIRA, near Polytechnic char Rasta Ahmedabad Pin 380015

On occasion of 14th academic meet, We invite all faculties, residents and post graduate medical students of medical colleges to

participate in 14th Academic meet a CME/ conference on “PHARMACOVIGILANCE

Medical Colleges to community

We have invited experts to talk and participate in said subjects.

Abstract of your paper, poster, speech are invited with Registration

Contact Emails: forum99in@gmail.com

Online Registration link

<https://www.plexusmd.com/event/ACME20>

Down load form

<https://wordpress.com/post/forum1999.wordpress.com/352>

Conference is accredited by Gujarat Medical Council [Applied]

We have also kept a competition of poster and oral presentation research paper for Post graduate students, residents and faculties also and

RULES:

1] For poster presentation

Size: 3'x4'

Orientation: portrait submitted 10 days before the conference

Abstract: As oral presentation

2] ORAL PRESENTATION:

Time limit:

Maximum 5 minutes

Soft copy of presentation in the form of power point presentation to bring on day of conference

ABSTRACT: must be submitted on or before Deadline: 15th August 2019

ABSTRACT OF PAPER/POSTER

Maximum 200 words must include:

- 1] Name of topic**
- 2] Name of authors**
- 3] Name of presenter**
- 4] Affiliation with college/Hospital**
- 5] Name of PG teacher**
- 6] Key words**
- 7] Introduction**
- 8] Methods**
- 9] Results**
- 10] Name of statistical test**
- 11] conclusions.**
- 12] References**

Speakers can send abstract of their presentation and will be published in Souvenir /Abstract book

**REGISTRATION FORM:
FOR FORUM**

Name: (Dr.Mr./Mrs./Miss)

GMC/IMC: Registration Number:

Mobile No :

Email ID:

Age

Sex:

Hospital/college:

Department:

Presentation :

choose one

ORAL or POSTER:

Title of Presentation:

Here with I certify that Dr _____ is our resident /pg student.

I assure that he/she will attend the conference from 9 AM to 5 pm without failure. I will permit him/her to attend the conference/CME Program and keep away from any emergency duty on conference day. I take full responsibility of his attendance in conference & failure to attend he/ she will not entitled to get certificate refund of registration fee.

Signature of PG teacher or HOD

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form

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