

# **15<sup>th</sup> Academic meet : WEBINAR On “OXYGEN CONCLAVE”**

**15<sup>th</sup> ACADEMIC MEET 2020**

**31th OCTOBER 2020**

**MULTI DISCIPLINARY CONFERENCE /CME ON:**

**WEBINAR**

**ON**

**OXYGEN CONCLAVE**

**JOURNEY OXYGEN IN HUMAN BODY**

**BASIC TO APPLIED**

**We invite all faculties, residents and post graduate medical students of medical colleges to participate in 15<sup>th</sup> Academic meet a CME/ conference on “JOURNEY OXYGEN IN HUMAN BODY BASIC TO APPLIED “ OXYGEN CONCLAVE**

**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](mailto:forum99in@gmail.com)**

**[Online Registration link](#)**

**<https://forms.gle/KQqtB9CR4pvE2RdQ8>**

**Down load form**

***Conference is accredited by Gujarat Medical Council [Applied]***

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

## **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 presenter**
- 3] Department**
- 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**