

A

30th September 2018

11th ACADEMIC MEET 2018

AMCMET medical college

LG Hospital campus Maninagar
Ahmedabad pin 380008

11th ACADEMIC MEET 2018

On occasion of 11th academic meet, We invite all faculties, residents and post graduate medical students of medical colleges to participate in the **A MULTI DISCIPLINARY CONFERENCE /CME ON :**

**BLOOD PRESSURE & HYPERTENSION
APPLIED-BASIC AND ADVANCES**

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

Send Abstract of your paper, poster speech with Registration fee Rs 1200/

For details contact Emails:

Forum99in@gmail.com, ijabms@gmail.com or soham2007@yahoo.com,

Conference is Accredited by Gujarat Medical Council [AF]

RULES FOR ORAL OR POSTER N

1]For poster presentation

Size: 3'x4'

Orientation: portrait submitted 10 days before the conference

2] ORAL PRESENTATION :ABSTRACT

Time limit: maximum 5 minutes

Soft copy to bring on day of conference

B

ABSTRACT: must be submitted on or before 15 August 2018.

Deadline: 15th August for registration Abstract of paper/poster

Maximum 200 words, Must include in brief 1] Name of authors 2] Affiliation with college/Hospital 3]Name of PG teacher 4]

Name of topic 5] Key words 6]

Introduction 7] Methods 8] Results 9] Name of statistical test 10] conclusions.11]Refs

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

Tentative Topic to cover

Measurement/Regulation

Variability/Risk Factors for/CerebrovascularDiseases,/

Children/Adolescents/Coronary Heart

Disease/Diabetes/Endocrine

disorders/Endothelium /Atherosclerosis /Epidemiology

/Pharmacotherapy/Genetics,

Haemodynamics/Inflammation

Innovative techniques and devices

Kidney /

Surgery for Hypertension

Hypertension & major Surgery

Lifestyle Changes/Diet/salt

Obesity and Metabolic Syndrome

Pregnancy./RAAS /Resistant Hypertension

Sleep Apnea /Hypotension /Exercise

Clinical Trials/Treatment Adherence

Malignant/Futurology and brain?/Mind?

Ophthalmic and other manifestation

C

**REGISTRATION FORM:
FOR NSIABMS /FORUM**

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

GMC/IMC: Registration Number:

Mobile No :

Email ID:

Age:

Sex:

Hospital/college:

Department:

Presentation ORAL /POSTER:

Title of Presentation

Signature of Participant

Certificate from HOD attached or signature and stamp of HOD

One can use Xerox copy of this form