



# 24<sup>th</sup> PRACTICAL COURSE & CME



**Organized by**

**Department of OBSTETRICS AND GYNAECOLOGY**

**Maulana Azad Medical College & Lok Nayak Hospital, New Delhi-110002**

**5<sup>th</sup> to 7<sup>th</sup> August 2022**

**Venue:- MAMC Auditorium, New Delhi-110002**

**For details visit website [www.mamc.ac.in](http://www.mamc.ac.in)**



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**Organizing Chairperson**  
**Dr. Asmita M. Rathore**

**Organizing Secretary**  
**Dr. Latika Sahu**  
9968604400

**Joint Organizing Secretary**  
**Dr. Chetna A Sethi**  
9873617589  
**Dr. Bidhisha Singha**  
9873617590

## **Demonstration**

Obstetrics Examination-Abdominal & Pelvic  
Maternal Pelvis & Fetal Skull  
Mechanism of Normal Labor and Occipito Posterior  
Assisted Breech Delivery  
Forceps and Ventouse Application  
Specimens, instruments, X-Rays, HSG, CTG, USG

## **Demonstration / Problem Based Management**

PPH DRILL  
COLPOSCOPY  
VULVOSCOPY  
PARTOGRAM / LCG  
CONTRACEPTION  
MTP-NEW AMENDMENT

## **Case Discussion (Obstetrics)**

Pregnancy with Hypertension  
Pregnancy with Heart Disease  
Pregnancy with Diabetes  
Pregnancy with Anemia  
Pregnancy with IUGR  
Pregnancy with Previous LSCS

## **Case Discussion (Gynaecology)**

Genital Prolapse  
Ovarian Tumor  
Infertility-Primary & Secondary  
Cancer Cervix  
Post Menopausal Bleeding-Endometrial Cancer  
Abnormal Uterine Bleeding / Fibroid Uterus

## **Registration Fees-**

**Rs. 6000/- Till 15<sup>th</sup> July, 2022**

**Rs. 7000/- Till 4<sup>th</sup> August, 2022**

**Rs. 8000/- Spot registration (Kit and book not guaranteed )**

## **Account Details for Electronic Transfer:-**

**BANK NAME** - Canara Bank  
**ACCOUNT NAME** - "OBGY ACADEMIC ASSOCIATION" Payable at NEW DELHI  
**ACCOUNT NO.** - 90682010134667  
**IFSC Code** - CNRB0019068

## **Important Note-**

**-Kindly whatsapp & mail your registration form along with payment receipt (Bank Details) to Mr. Jai Mohan, Mobile:- 9811507470 / Mail ID:- 24practicalcoursemamc@gmail.com**  
**-Subject to COVID / DDMA guidelines.**

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## Registration Form

Name – \_\_\_\_\_

Mobile No.- \_\_\_\_\_ Email ID \_\_\_\_\_

Home Address- \_\_\_\_\_

Institute Name- \_\_\_\_\_

### Payment Details-

PAID BY NEFT/RTGS/Demand Draft - \_\_\_\_\_

Bank Name & Address - \_\_\_\_\_

Account No. & IFSC Code \_\_\_\_\_

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### Important Note-

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