

CME Anaesthesiology & Critical Care

Theme: Mechanical Ventilation

JL Auditorium, AIIMS, New Delhi

21st & 22nd July 2018

Organized by

Department of Anaesthesiology, Pain Medicine & Critical Care
All India Institute of Medical Sciences, New Delhi

Dear friends,

It's our great pleasure to announce that Department of Anaesthesiology, Pain Medicine & Critical Care, AIIMS New Delhi is organizing a CME on 21st & 22nd July 2018. The CME will cover various physiological and clinical aspects of mechanical ventilation. We hope that CME will not only be of great value to the residents/ fellows but also for the practicing anaesthesiologists/ intensivists. We look forward your participation in this CME at AIIMS, New Delhi.

Regards,

Prof R K Batra
Organizing Chairperson

Prof S Rajeshwari
Organizing Co- Chairperson

Course highlights

- Basic physics & physiology
- Basic & advanced mode of mechanical ventilation
- ARDS & COPD
- Difficult weaning
- Clinical scenario discussion

Timings

2:00 PM onwards on 21st July

8:30 AM onwards on 22nd July

Registration details

INR 2500 only

Mode of payment: Cheque / DD/ NEFT

Bank a/c No: 37678693954

SBI Ansari Nagar

IFSC Code: SBIN0001536

Cheque/ DD in favor of "CME Anaesthesiology and Critical Care" payable at New Delhi

Please send the DD/ cheque along with filled-up registration form to the conference secretariat or to any one of the contact persons.

Please email NEFT transaction slip along with filled-up registration form to cmecriticalcare@gmail.com

For further details contact:

Dr. Dalim Kumar Baidya 9871568534

Dr. Rahul Kumar Anand 9013082271

Dr. Souvik Maitra 8146727891

Email: cmecriticalcare@gmail.com

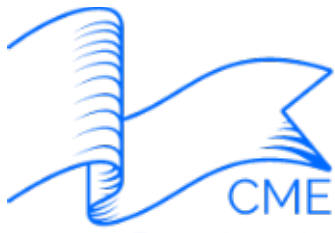
Conference secretariat

Room No: 5014 A, 5th Floor, Teaching Block,

All India Institute of Medical Sciences, New Delhi- 110029

Telephone: 011- 26593974

**NO CASH PAYMENT WILL BE
ACCEPTED**



CME Anaesthesiology & Critical Care
Department of Anaesthesiology, Pain Medicine & Critical Care
All India Institute of Medical Sciences, New Delhi

Registration Form

(Please use CAPITAL LETTER for all fields)

NAME _____

INSTITUTION _____

DESIGNATION _____

MOBILE NO _____

EMAIL ID _____

CHEQUE/ DRAFT/ NEFT TRANSACTION ID _____ DATED _____

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Filled up registration form along with DD/Cheque may be sent to:

**Department of Anaesthesiology, Pain Medicine & Critical Care, Room No: 5011,
5th Floor Teaching block, All India Institute of Medical Sciences, Ansari Nagar
New Delhi- 110029**

Filled up form may be sent over email to: *cmecriticalcare@gmail.com*