

BOOK - POST



## Invitation

### **Pelvic Anatomy Revisited - Workshop**

To,

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**KAMINENI ACADEMY OF MEDICAL SCIENCES  
AND RESEARCH CENTRE**

L.B. Nagar, Hyderabad - 500 068. Telangana. India  
Ph: 040-3987 9999  
[www.kamsrc.com](http://www.kamsrc.com) | [www.kaminenihospitals.com](http://www.kaminenihospitals.com)



## **Pelvic Anatomy Revisited - Workshop**

organized by

**KAMINENI ACADEMY OF MEDICAL SCIENCES  
AND RESEARCH CENTRE**

In association with

**National Association for Reproductive &  
Child Health of India, Nagpur Chapter.**

Convener

**Dr. K. Vasundhra**

Date

**Wednesday 27<sup>th</sup> August 2014**

Venue

**Indira Auditorium, Kamineni Hospitals**



L.B.Nagar, Hyderabad- 500068, T.S. India. Ph: 040-39879999  
[www.kamsrc.com](http://www.kamsrc.com) | [www.kaminenihs.com](http://www.kaminenihs.com)

## 27<sup>th</sup> Aug 2014, Scientific Programme

Time	Topic	Faculty
<b>09:00 - 09:15 Registration and Tea</b>		
09:15 - 09:30	Inauguration of CME by	Dr. S. M. Patil Principal KAMS & RC Dr. Nirmala Vaze, President NARCHI
09:30 - 09:35	Introduction	
09:35 - 09:40	Pre Test	
09:40 - 09:55	Gateway to Pandora's Box (Anterior Abdominal Wall)	Dr. Shilpi Sud
09:55 - 10:10	Scary Womb (Uterus & Adnexa)	Dr. Pragati Khalatkar
10:10 - 10:25	DO or DIE (Internal Iliac Artery)	Dr. Kshama Kedar
10:25 - 10:40	Dodgy Ureter (Ureter)	Dr. Sharmila Kulkarni
10:40 - 10:55	Hurdles In Girdles (Bony Pelvis)	Dr. Shilpi Sud
10:55 - 11:10	Tricky Passage (Pelvic Floor)	Dr. Kshama Kedar
<b>11:10 - 11:25 Tea Break</b>		
11:25 - 11:40	Distress To De-stress (Urethra)	Dr. Sharmila Kulkarni
11:40 - 11:55	Tears Brings Tears (Perineum)	Dr. Pragati Khalatkar
11:55 - 12:05	Post Test	
12:05 - 12:15	Visual Bonanza (Quiz for delegates)	
12:15 - 12:30	HOT SPOTS (Clitoris)	Dr. Nirmala Vaze
<b>12:30 - 01:30 Lunch</b>		
01:30 - 3:30	Master's Dissection on Cadaveric Parts	
03:30 - 04:00	High tea and Handing over of certificates	

For further information and Queries contact:

**Sajid Merchant - 94910 67196**

email: [sajid.m@kaminenihsospitals.com](mailto:sajid.m@kaminenihsospitals.com)

**Applied for AP Medical Council - Credit Hours**

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#### REGISTRATION FORM

Please Fill out The Form Completely:

#### Attendee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State: \_\_\_\_\_ Zip Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Draft No.: \_\_\_\_\_

\*Note: Registration fee mandatory Rs. 500, only 50 seats.

Send The Form To

**Sajid Merchant**

Program Coordinator

HR Department

Kamineni Hospitals

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