

Organised by :



Indian Society of
Gastrointestinal Endo Surgeons

3rd FELLOWSHIP COURSE

in Bariatrics & Metabolic Surgery (FALS)

09 10 11 August, 2018 | AHMEDABAD

REGISTRATION FORM

PLEASE FILL UP ALL THE COLUMNS. ATTACH ADDITIONAL SHEET IF REQUIRED.

REGISTRATION DETAILS

CATEGORY	Fees till 31st July	Fees from 1st August
Registration Fee for Fellowship Course	20,000	25,000
CME / Live Workshop		
IAGES Member	4,000	6,000
IAGES Non Member	5,000	7,000
** Resident in Training	3,000	5,000

DELEGATE DETAILS

Name in CAPITAL LETTERS

Age / Sex

Address

Email ID

Mobile No

Designation & Present Employment

IAGES Membership No

If not a member, Apply for IAGES Membership online on its website

PERSONAL QUALIFICATION

M.B.B.S.

Month & Year of Passing

Institution

M.S. / DNB

Month & Year of Passing

Institution

MCH / DNB

Month & Year of Passing

Institution

FIAGES / Other fellowship in MAS

Clinical Experience: Attach additional sheet if required

1. Total no. of Laparoscopic surgeries done upto now:

2. Numbers of Bariatric and Metabolic surgeries done
independently

3. Numbers of Bariatric and Metabolic surgeries assisted or performed
under supervision

Log book of Bariatric and Metabolic procedures: Attached / Not attached
DVD of two different procedures: Submitted / Not submitted

CATEGORY APPLIED FOR THE FELLOWSHIP

Non Examination category:

Eligibility Criteria:

- ~ Minimum 7 years experience in Bariatric and Metabolic surgery.
- ~ Should have performed at least 50 Bariatric procedures independently.
- ~ Should attend fellowship course on all 3 days and have to appear for interview.

Examination category:

Eligibility Criteria:

- ~ Minimum 6 years experience in Laparoscopic surgery including some experience in Bariatric and Metabolic surgery.
- ~ Should have performed minimum of 15 Bariatric procedures independently or under supervision.
- ~ Should attend Fellowship course on all the 3 days. Have to appear for written examination and interview. The written examination will have 10 short essay type questions. Read all topics before coming for fellowship course.

PROFESSIONAL ACHIEVEMENTS

1. Publications: National / International
2. Paper presentations : State/ National / International
3. Conference organised : State / National /International
4. Laparoscopic conferences attended :
5. Chapters in text book / author of book
6. Any other achievement / awards / honour / recognition

REGISTRATION GUIDELINES

- ** Resident in Training will have to submit a certificate from their Head of Department (HOD)
- Registration is mandatory for workshops and conference and all official proceedings.
- Registration fees will be based on the date of receipt of payment.
- Provide all the necessary details as required in the form & Provide us your updated email id ; it will be used for the registration receipt & for the conference communication purpose only.
- Please preserve photocopy of all submissions for your record.
- Registration fees include admission to the scientific hall, trade Exhibition, Inaugural Function, Lunches, Entertainment program, Banquet
- Organizing Committee shall not be liable in any form in case of changes in date / venue due to unforeseen reasons.
- Conference Organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication.
- Please produce the confirmation letter at the Registration counter during the conference.
- Children below 8 years need not have to register as accompany person.

CANCELLATION & REFUND POLICY

- On discretion of organizing committee and will be taken care on case to case basis after the conference

PAYMENT DETAILS

Kindly send DD or Cheque In favour of 'FALS BARIATRICS 2018' payable at Ahmedabad at Conference Secretariat Address (Please Mention your name, city and mobile number behind the cheque or DD)

CONFERENCE SECRETARIATE:

Asian Bariatrics Pvt. Ltd.

Opp. Rajpath Club, S. G. Highway, Bodakdev, Gujarat, INDIA

Phone : +91 90999 03628

Email : falsbariatric2018@gmail.com

PAYMENT DETAILS

Payment Type: By Cheque / DD: By Cash: Amount: _____

Amount in Word: _____

Cheque / DD No.: _____ Cheque / DD Date: _____

Bank Name: _____ Branch: _____