



# 27<sup>th</sup> UPASICON 2019

(21<sup>st</sup> & 22<sup>nd</sup> September 2019)

**S.N.Medical College, Agra**



PATRON



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Principal & Dean  
S.N.M.C., Agra



CO-PATRON



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Professor & Head  
Department of Medicine  
S.N.M.C., Agra

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# 27<sup>th</sup> UPASICON 2019

## REGISTRATION FORM

Last date for Registration 31st July 2019

Last date for cancellation request (50% refund) : 20th August 2019

E-mail ID for Registration form submission : upasiconagra@yahoo.com

Name (in capital letters) .....

Designation .....

Institution .....

Address .....

City .....

PIN ..... State .....

E-mail : .....

Phone No. .... Office .....

Mobile .....

For Conference Paid Rs. ....

Registration for CME : Paid Rs. ....

Please specify the No. of associate members : Paid Rs. ....

Registration for workshop Paid Rs. ....

Total Rs. ....

For PG student - Forwarding note by H.O.D. ....

Payment may be made by Cash/NEFT/RTGS/ Demand Draft / At per Cheque drawn in favour of "27 Upasicon" payable at Agra.

I am enclosing herewith a Demand/NEFT/RTGS Draft No. ....

Dated ..... Drawn on Bank .....

For Rupees ..... (In words) Rs. .... (in figures)

Date ..... Signatures .....

For any further queries / details please contact :

**DR. ANJALI GUPTA**

Incharge Registration Committee

Ph : 9557609895

E-mail : dr.anjaligupta31@gmail.com

<b>Dates to remember</b>	
Pre Conference CME: Role of Imaging in Clinical Anatomy	21st September 2019
Conference	21st, 22nd September 2019
Post conference : "Hands-on Workshop on preparation of vascular casts	22nd September 2019
Editorial & Executive Committee meeting	20th September 2019
General Body Meeting	21st September 2019
Last date of Registration	31st July 2019
Last date of Abstract submission	31st July 2019
Last date of Registration with late fee	20th August 2019
Date of intimation of acceptance or rejection of abstract	20th August 2019
Last date of cancellation of registration by delegates	20th August 2019

**Registration Fee Details :**

<b>Member / Delegate</b>	<b>Till 31st July 2019 (INR)</b>	<b>Till 20th Aug. 2019 (INR)</b>	<b>Spot Registration (INR)</b>
<b>Life Member &amp; Ordinary Member</b>	3000/-	4000/-	4500/-
<b>PG Students</b>	2000/-	3000/-	3500/-
<b>Spouse &amp; Associates Delegate</b>	2000/-	2100/-	2500/-
<b>Children above 12 years</b>	1500/-	1800/-	2000/-
<b>Pre Conference CME on Role of Imaging in Clinical Anatomy</b>	500/-	700/-	1000/-
<b>Post conference "Hands on workshop on preparation of Vascular casts"</b>	1000/-	1200/-	1500/-

**Registration for P.G. Students :** Forms should be forwarded by the head of the department. Those desiring to become members of ASI (UP chapter) should contact Dr. Kuldeep Singh Secretary cum Treasurer, UP Chapter of ASI

**Registration may be done in the following ways :**

>>Candidates are required to download information brochure and registration forms from website of ASI (UP Chapter) [www.asiup.in](http://www.asiup.in)

>>Deposit the registration fee via NEFT/RTGS transaction in the conference account

>>Details of the bank account are as follows:

- **Bank Name :** Kotak Mahindra Bank
- **Branch Address :** Sanjay Place, Agra
- **Account Name :** 27 Upasicon
- **Account Number :** 4412956900
- **Account Type :** Current
- **IFSC Code :** KKBK0005006

**27<sup>th</sup> UPASICON 2019 (21-22 Sept. 2019) SNMC, AGRA**

**FORM - B**

**ABSTRACT FORM**

**Authoris Details**

<b>Name</b>		
	<b>(Last Name)</b>	<b>(First Name)</b>
<b>Institution</b>		<b>Designation</b>

**Address of Presenting Author**

<b>Address</b>		
<b>City</b>		<b>PIN Code</b>
<b>State</b>		<b>Country</b>
<b>Tel. No.</b>	(City Code)      (Number)	<b>Mobile No.</b>
<b>e-mail</b>		

**Abstract Details**

<b>Title of the Scientific Paper</b>		
<b>Category under which the paper is to be considered</b>		
<b>Type of Presentation</b> (Please tick in the boxes as per your choice)	Oral	Poster

Please Note :

- You will be provided LCD Projector for the presentation.  
You are requested to get your presentations on CD/Pen Drive compatible with MS Office, Power Point presentation  
Please also carry a backup.

### **Instructions for Abstract Submission**

**Only valid member of UP Chapter of ASI who have registered for the conference shall be eligible to present scientific paper/posters.**

Covering letter should mention **mode of presentation** (Oral or Poster), along with its **Category**.

**Title:** Bold, Size 12, sentence case.

**Author/s' name/s' :** surname followed by initials, bold, font size 11& underline name of presenting author.

Institution's name : Bold, Font size 11.

**Content :** should be structured in following heads-Introduction, Aims & Objectives, Material & Methods, Results, Conclusion.

For **case report** the headings will be-Introducing, Case report, Conclusion.

Font size 11 with single spacing should not exceed 250 words.

Font type to be used- Times New Roman

Abstracts without result will not be considered for presentation.

Review Procedure

The presenting author will be notified about the successful submission of the abstract within three days from the day of submission. All the submitted abstracts will be reviewed by Scientific Committee and acceptance will be sent to the presenting authors via email.

**E mail ID for abstract submission : upasiconagra@yahoo.com**

**Scientific Presentation :**

**A. Oral Presentation :**

**Time** - 5 minutes for presentation 2 minutes for discussion.

Kindly bring your presentation in CDs or pen Drives compatible with MS Office 97-2007. It is recommended to carry a backup in case the CD/Pen Drive is not readable.

The scientific papers for oral presentation will be covered under the following categories.

1. Gross Anatomy, Forensic Anatomy, Physical anthropology and Applied Anatomy.
2. Growth & Development, Teratology & Embryology.
3. Imaging, Museum & Embalming Techniques.
4. Genetics & Reproductive Biology.
5. Histology, Histochemistry, Cytology & Immunology.
6. Neuroscience & Endocrinology.

N.B. Kindly mention in the abstract form, under which of the above 6 categories the paper should be considered.

**B. Poster Presentation :**

**Size** - 24" horizontal x 36" vertical Poster not conforming to the given size will not be displayed.

Presenting author should be present during the poster session for discussion.

**For any further queries / details please contact :**

**DR ANSHU GUPTA**

Incharge Scientific Committee

Phone : 9359904089

E-mail : ganshu19@gmail.com