



SURGICON 2024

Annual Conference of DELHI STATE CHAPTER ASI

Theme: Emerging Trends in Surgery

ORGANIZED BY : DEPT. OF SURGERY
VMMC & SAFDARJUNG HOSPITAL



15TH - 17TH
NOVEMBER, 2024



VENUE: PHD House
4/2 August Kranti Marg
Hauz Khas, New Delhi

First
Announcement
Brochure

WWW.SURGICON2024DELHI.COM

Welcome Message

Dear Friends and Colleagues,

The Department of Surgery, VMMC, and Safdarjung Hospital, New Delhi, is organizing SURGICON 2024 and is delighted to extend you all a very warm welcome to this annual conference of the Delhi State chapter of ASI.

Our Chapter is a great platform to share our experiences, success, and future endeavors in the ever-changing field of Surgery. The immensely dedicated and experienced surgeons of Delhi have been tirelessly toiling to elevate the professional standards of Surgery and teaching to a great height very much in line with the recent advances in Surgery, Technologies, and artificial intelligence.

SURGICON 2024 will allow us to acquaint ourselves with the newly introduced cutting-edge surgical techniques. Didactic lectures, case-centric discussions and live/video surgery will be the main attractions.

This meeting will open the window for all young surgeons to not only accumulate skill and knowledge but will pave the ground for them to parade their exceptional work.

We look forward to your esteemed presence and active participation which will make this conference a grand success and set a new milestone for the future.

Warm Regards,

Team SURGICON 2024

Organising Committee



DR. (PROF) S V ARYA
PATRON



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ORGANISING CHAIRPERSON



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CO-ORGANISING CHAIRPERSON



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DR. RISHIKESH KUMAR
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DR. DHEER S. KALWANIYA
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DR. ANIL KUMAR
TREASURER

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Delhi Chapter ASI

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DR. SUHAS AGRAWAL

DR. TRILOK CHAND



DATE: 15TH, 16TH & 17TH NOVEMBER, 2024
VENUE: PHD CHAMBER OF COMMERCE AND INDUSTRY, NEW DELHI

REGISTRATION FORM

(PLEASE FILL IN UPPER CASE)

Title: Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Gender: Male ☐ Female ☐ DOB: _____

First Name*: _____ Last Name: _____

Institute/ Hospital: _____ Designation: _____

Postal Address: _____

_____ City: _____

State: _____ Pin: _____ Country: _____

Membership No.*: _____ Medical Council Reg. No.: _____

Phone (Res): _____ Mobile*: _____

E-mail*: _____ Food Preference : Veg. ☐ Non Veg. ☐

REGISTRATION TARIFF

Category	Early Bird Till 31st Aug, 2024	Regular Till 31st Oct, 2024	On Spot
PG /DNB	1200 ☐	1500 ☐	1800 ☐
ASI Member	2000 ☐	2500 ☐	3000 ☐
Non ASI Member	2500 ☐	3000 ☐	3500 ☐

***The above fee is inclusive of 18% GST.**

I am enclosing herewith details of Cheque/Demand Draft/Online Payment.....dated.....
of Rs.....(in words:.....only)
drawn on bank.....In favour of **"SURGICON 2024"** payable at
New Delhi

*Membership number is mandatory.

**Please mention mobile number and mail ID for better communication.

***PG Student/Resident should attach a certificate from their Head of Department/ Institution.

Signature



BANK DETAILS

ACCOUNT NAME : DELHI STATE CHAPTER ASI SURGICON 24

BANK : HDFC BANK

IFSC : HDFC0000503

ACCOUNT NO. : 50200099226016

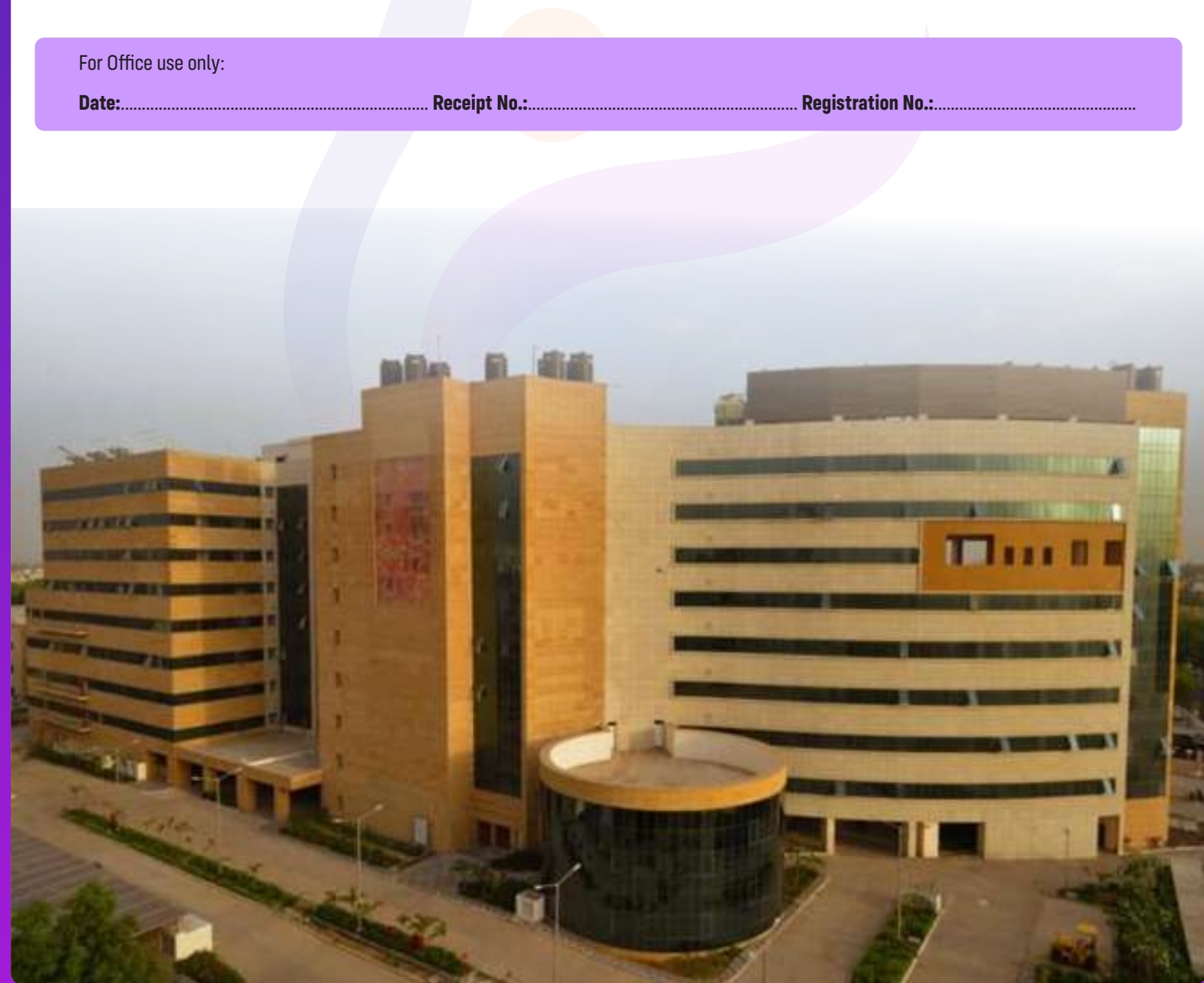
BRANCH : DEER PARK SAFDARJUNG BRANCH, DELHI 110029

REGISTRATION GUIDELINES

- All faculties & delegates members must register for the conference.
- Registration fees include admission to the scientific halls, trade exhibition, inaugural function, lunch, banquet and delegate kit.
- Provide us your updated email id & mobile number, as it will be used for the registration receipt and other conference communication.
- 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.

For Office use only:

Date:..... **Receipt No.:**..... **Registration No.:**.....





CONFERENCE SECRETARIAT

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