centre for innovation
in science & social action

Dear Doctor,

We are happy to inform you that Centre for Innovation in Science and Social Action (CISSA) is organizing a two day workshop on **Diagnostic Imaging** and **ECG** for Ayurvedic Practitioners on **1st & 2nd March 2008** at **Hotel Pankaj**, Statue, Thiruvananthapuram.

This workshop intends to provide Ayurvedic Physicians with an excellent opportunity to have an insight on the use of various diagnostic imaging techniques .A separate session on ECG is also planned focussing on the common conditions encountered in day to day practice.

The resource persons are chosen for their excellence as teachers as well as their clinical expertise.

We cordially invite you to participate in the workshop.

Dr .C. Suresh Kumar *Chairman*

Dr. S. Sunil Kumar *Convenor*

COURSE AGENDA

- **Radiology fundamentals and recent advances.**
- **Differential diagnosis of Chest and Abdomen X-rays**
- **Skeletal radiology**
- **Specific cases confronted in practice and appropriate use of imaging modalities such as plain film radiography, computed tomography, magnetic resonance imaging, ultrasound and nuclear medicine.**
- **Breast Imaging**
- **Cardiac imaging and Angiography**
- **ECG for General practitioners**

Academic Co-ordinator

Dr.M.N.Yoganadhan Namboothiri
Chief Cardiothoracic Surgeon
Shree Gokulam Heart Centre
Venjaramood, Thiruvananthapuram

DATE, VENUE & FEE

Date : 1 & 2 March 2008

Venue : **Hotel Pankaj**, Statue Thiruvananthapuram

Time : 9.00 am to 5 pm

Delegate Fee : **Rs. 750**
Before 15th February 2008
(20% concession for CISSA members and participants of workshop on emergency care organized by CISSA)

Rs 1000
15th to 28th February 2008
No spot registration.

Mode of payment : Cash / DD / cheque in favor of CISSA, Payable at Thiruvananthapuram. (Please add Rs.25 for outstation cheques)

Mail to **Dr. S. Sunil Kumar**
CISSA, MBC-27, Museum Bains Compound, Nanthancode
Kowdiar P.O,
Thiruvananthapuram-3
Email : cissaindia@gmail.com
Phone : 0471 2722151
Mobile : 98470 75750

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WORKSHOP on Diagnostic Imaging & ECG for Ayurvedic Practitioners

Name: **Dr.**.....

Address:

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Phone:..... Fax:.....

E-mail:.....

Payment Details:

Cash / DD / Cheque No. .....

for Rupees.....

Bank: .....

Date: .....

In favour of **"CISSA"** payable at Thiruvananthapuram.

Signature

Send to: **Dr. S.Sunil Kumar**

Centre for Innovation in Science and Social Action (CISSA)
MBC 27, Museum Bains Compound, Nanthancode
Kowdiar P.O, Thiruvananthapuram - 695 003
Phone:0471 2722151, Fax: 0471 2443369
email: cissaindia@gmail.com

REGISTRATION FORM