

REGISTRATION DETAILS

Faculty/Consultants /GP's
Before 8th April 300

Post graduate students/ Tutors
Before 8th April 200

Registration Fee Can be paid in
Cash/DD /Cheque/ NEFT drawn in favour of
"AJIMS CME ACCOUNT" Payable at Mangaluru

NEFT DETAILS

Account name : AJIMS CME ACCOUNT

Account number : 8633101404794

Bank : CANARA BANK
AJ Campus, Kuntikan ,
Mangaluru

IFSC Code : CNRB0008633

Note:

- * Post graduates and Tutors need to submit a letter attested by the concerned Head of the department.
- * CME Kit for spot registrations will be given subject to availability at that time
- * Certificates with credit hour points for spot registrations will be sent by post 15 days after the CME.

PATRONS

Dr. A. J. Shetty
President, LMET

Mr. Prashanth Shetty
Vice President, LMET

Dr. Prashanth Marla
Medical Director, AJHRC

Dr. (Mrs.) Amitha Marla
Director Admin, AJHRC

Smt. Sharada Shetty
Director, LMET

Smt. Ashritha Shetty
Director, LMET

Dr. Ashok Hegde
Dean, AJIMS & RC

ORGANIZING COMMITTEE

Dr. Shrikara Mallya P.
Organizing Chairperson
(09880530707)

Dr. Narendra Nayak & Dr. Anita K. B.
Organizing Secretaries
(09902697788 & 09945354173)

MEMBERS

Dr. Prajna Pritam

Dr. Pavithra K.

Dr. Sanchitha Shettigar

Dr. Roopa Bhandary

Mr. Leslie Gomes



A J INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

MANGALURU, KARNATAKA

DEPARTMENT OF MICROBIOLOGY

CME Programme on

CENTRAL NERVOUS SYSTEM INFECTION : AN UPDATE

On 13th April 2017
at 9.00 am

at Auditorium II, AJIMS, Kuntikan, Mangaluru

CME credit points will be awarded by
Karnataka Medical Council



Dear Sir/Madam,

Greetings and best wishes from the Department of Microbiology, AJ Institute of Medical Sciences & Research Centre, Mangaluru, Karnataka

AJ Institute of Medical Sciences & Research Centre is one of the most prestigious medical institutions providing excellent facilities for medical education as well as health care needs of the people in and around Mangalore.

It is our pleasure and proud privilege to host the CME on Central Nervous System Infections: An Update.

On behalf of the organizing committee, I cordially invite you to get yourself enriched by participating in this CME. Your participation is very much essential for the success of this programme.

Dr. Shrikara Mallia P

Organizing Chairman

Professor & HOD of Microbiology

AJ Institute of Medical Sciences
Kuntikana, Mangaluru - 575004

Mob: 09880530707

e-mail:-sasum31@yahoo.co.in

PROGRAMME SCHEDULE

8.30 am -9.15 am

Registration & Breakfast

9.15am- 10.15 am

Management of Infections in Neurosurgical Practice

Dr. Malla Baskar Rao, FRCS

Professor & Head, Department of Neurosurgery
NIMHANS, Bangalore

10.15am -10.45 am : **Inauguration**

10.45am -11.00 am : **Tea Break**

11.00 am -12.00 pm

Viral Encephalitis in India - A Critical Appraisal

Dr. G. Arun Kumar

Professor & Head, Manipal Centre for Viral Research, Manipal

12.00 pm -1.00 pm

**Central Nervous System Infections by Parasite :
An Overview and Diagnostic Challenge**

Dr. Ravi Kumar R., MD

Professor of Neuromicrobiology NIMHANS, Bangalore

1.00 pm-2.00 pm : **Lunch Break**

2.00 pm -3.00 pm

**Management of Bacterial Meningitis : A Neurological
Perspective**

Dr. Suresh B. V., MD, DM (Neurology), DNB (Neurology),

Professor & Head, Neurology, AJIMS & RC, Mangaluru

3.00 pm -4.00 pm

**Who is who of Brainy Fungi : Perspective
on CNS Mycoses**

Dr. Prakash

Associate Professor of Microbiology & in Charge of Mycology
KMC, Manipal

4.00 pm -4.30 pm

**Valedictory function and
distribution of certificates**

A J INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Mangaluru

Department of Microbiology

**CME - CENTRAL NERVOUS SYSTEM
INFECTION : AN UPDATE**

REGISTRATION FORM

Please fill in CAPITAL LETTERS only

Title Dr [] Mr [] Mrs [] Ms []

Male [] Female []

Name _____

(as required on certificate)

Category : Faculty/Consultant/GP [] PG/Tutor []

Medical Council Reg. No. (Mandatory) _____

Mailing Address _____

City _____ Pin _____

Mobile No. _____

Email _____

Payment details:

Mode of payment cash / DD/ Cheque /Online Transfer

DD in favour of 'AJIMS CME ACCOUNT' payable at Mangaluru

Cheque /DD No. _____ Date _____

Drawee Bank _____

In case of NEFT

Name of Bank _____

_____ Date _____

Name of Branch _____

Transaction No _____

All correspondence to be addressed to:-

Dr. SHRIKARA MALLIA P.

Organizing Chairperson

AJ INSTITUTE OF MEDICAL SCIENCES,

KUNTIKAN, MANGALURU - 575004

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