



DOACON 2017

Annual Conference of Delhi Orthopaedics Association

11-12 November, 2017

Post Graduate Institute of Medical Research
Dr. Ram Manohar Lohia Hospital, New Delhi- 110001





DOACON 2017 Making Surgeon Safe

11-12 November, 2017

Dear Colleagues,

Greetings from the Organizing Committee of the DOACON 2017, New Delhi. On behalf of Delhi Orthopedic Association as well as the members of the Organizing Committees, I would like to cordially invite you to attend the annual conference of Delhi Orthopedic Association at PGIMER & Dr. Ram Manohar Lohia Hospital, New Delhi. The theme of this year conference is to keep surgeon safe. The Organizing Committee is working hard to put together an educational and scientific program at DOACON. It will be a scientific feast for all those who will attend. There would be many renowned speakers who will share their expertise and knowledge in various areas of



Organizing Chairman

Orthopedics. I ensure you that we shall provide an enlightening scientific program for you to help your clinical practice. I request you to submit your latest research for presentation/poster. Your active participation will be crucial to the success of the DOACON. Looking forward to personally welcoming you for DOACON 2017.

With Warm Regards
Yours Sincerely
Dr. R. K. Arya
MS (Orthopaedics)
Professor & Head, Department of Orthopaedics
PGIMER, Ram Manohar Lohia Hospital, New Delhi - 110001



Dr. Skand SinhaOrganizing Secretary



Dr. Vijay Kumar Jain Joint Organizing Secretary



Dr. A. K. Naik Treasurer



DOACON 2017



11-12 November, 2017

REGISTRATION FORM

First Name			
Middle Name			
Last Name			
Badge Name			
Email Id			•••••
Category	Early Bird till	1st September 2017	After 1st November 201
	31st August 2017	1st November 2017	on the Spot
DOA Members	2,000	3,000	4,000
Non-members	2,500	3,500	4,500
Post Graduate Studen	nts* 1,500	2,000	2,500
Accompanying Persor	3,000	4,000	5,000
*Letter from h	ead of the department s	hould be attached along	with registration form.
Registration Ca	itegory:		
[] DOA Memb	per [] Non-Member [] PG Student	
Total Amount to be Paid for Conference:(In Words)			
Payment Type: [] Online Transfer: Transfer Reference No:Date			Date
[]Demand Dra	aft / Cheque: Name of Issuing E	Bank:	
Demand Draft N	Demand Draft No / Cheque No. : Date of Issue:		
All future commu	unication through email and SM	S	



DOACON 2017



11-12 November, 2017

Payment Options

Payment of registration can be made by Demand Draft / Cheque / NEFT.

Demand Draft / Cheque to be made in favour of

RMLH ORTHOPAEDIC RESEARCH SOCIETY, Payable at New Delhi.

Details of Online Payment (NEFT)

DAMI LI ODTLIODAEDIC DECEADOLI COCIETY

Name of Beneficiary	RIVILH ORTHOPAEDIC RESEARCH SOCIETY
Bank Name	BANK OF BARODA
Account No.	26020100019977
Branch Code	2602
MICR Code	110012061
IFSC Code	BARBORAMDEL
Bank Address	DR. RMLH BRANCH, BABA KHARAK SINGH
	MARG, NEW DELHI 1100001

Please send duly filled registration forms along with Demand Draft/Cheque to:

Conference Secretariat, DOACON- 2017

Dr Skand Sinha - Organizing Secretary Room No. 503, 5th Floor, Administrative Block Post Graduate Institute of Medical Education and Research Dr. Ram Manohar Lohia Hospital, New Delhi - 110001 Tel: 011-23404246, Email: doacon2017rmlh@gmail.com Website: www.doacon2017.com