Indian Association of Child and Adolescent Mental Health (IACAM)

Theme: Child and Adolescent Mental Health - from Intervention to Prevention

Date: 8th-10th November, 2019
Venue: Auditorium, (Sarai Building), GMCH, Sector 32, Chandigarh

SCIENTIFIC PROGRAMME

Friday, 8 November 2019
- Registration
- CME: “Children and Digital World”
- Inauguration
- Presidential Address

Saturday, 9 November 2019
- PPA Oration
- Plenary Sessions
- Concurrent Sessions
- Poster and Free Paper Presentation
- Annual General Body Meeting
- Cultural Program and Gala Dinner

Sunday, 10 November 2019
- Plenary Sessions
- Concurrent Sessions
- Poster Session
- Valedictory Session
- Lunch

AWARDS:

Poona Psychiatrists Association Oration Award
JC Marfatia Award (Best paper)
Luke Clack Award (Young Scientist)
Niloufer Award (Best paper on therapeutic intervention)

The award papers should be sent to the Chairperson, Awards Committee (full paper along with abstract)

Dr. Kishor Gujjar
C-5 Mayurban Society, 1100 Shivaji Nagar,
Model Colony, Pune - 411016
Mobile: 09922501577
Email: gujarkishor9@gmail.com

Free papers (Oral and Poster)/ symposium/ workshop to be submitted by 30th September 2019

Abstracts should be submitted by Email only to

Dr. Vivek Agarwal
Professor, Dept. of Psychiatry
KGMU, Lucknow
M: 09839287480
Email: secretarygeneraliacam@gmail.com

Conference Secretariat:

DEPARTMENT OF PSYCHIATRY
Block – D, Level - V
Government Medical College & Hospital
Sector-32, Chandigarh – 160030, India
Phone : 0172-2601023 Ext. 2402, 2405
Email : iacamcon2019@gmail.com
Website : www.infopsygmchchd.com
Dear Colleagues,

It gives us great pleasure to invite you to the 15th Biennial National Conference of the Indian Association of Child and Adolescent Mental Health (IACAM), to be held from 8th to 10th November 2019 in Chandigarh, The City Beautiful, at Government Medical College and Hospital, Chandigarh. The theme of the conference “Child and Adolescent Mental Health - from Intervention to Prevention” is chosen with an intent to extend discussion on the spectrum of activities related to child and adolescent mental health from intervention mode alone to preventive aspects at the individual, family, school, community and policy level. The theme of the CME is "Children and Digital World" and intends to focus on the positive and negative influence of technological advances on the developing brain of children and related disorders. While we expect the enriching academic programme to stimulate your grey cells, the abundant open and green spaces in our City Beautiful will soothe your senses.

The Organizing Committee shall be honored to host you and looks forward to your presence and participation in the conference.

With warm regards,

Dr. BS Chavan
Organizing Chairperson

Dr. Priti Arun
Organizing Secretary

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<th>Till 31.10.2019</th>
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Designation and Department/Institution/University: __________________________________
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Address: _____________________________________________________________
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Mobile No.: _____________________ E-mail: _________________________________
IACAM Membership No.: ________________________________________________

REGISTRATION FEES

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*: Mandatory to provide proof of being a student from the Head of Department

Note:  
• Please note that it is essential to have a functional email ID as all communication regarding your registration shall be done by email only.
• Conference kit is subject to availability for spot registration.
• We will accept only cash or credit card for spot registration.

REFUND POLICY

Upto 15 Sep 2019: 50% cancellation fee; 50% refund (against registration) will be processed as per current bank processing charges @ 3% (in case of payment by card).

After 15 Sep 2019: No Refund

Cancellation requests have to be received in writing by the Conference Secretariat. All refunds will be processed after the conference.

Sr. No. | Names of accompanying person(s) | Age |
--------|---------------------------------|-----|
01.     |                                 |     |
02.     |                                 |     |

PAYMENT DETAILS

Mode of payment: Collect/DD/Cheque/Cash Amount: ____________________________
Cheque/DD no./Transaction ID: __________________ Date: ____________________
Bank Name with Branch: ________________________________________________

Note: Cheque/DD should be drawn in favour of "IACAM 2019 Chandigarh" payable at State Bank of India, Government Medical College & Hospital, Sector-32, Chandigarh.

Date & Place: __________________ Signature: ____________________________