

TEACHING CENTRE APPLICATION FORM

INTERVENTIONAL CARDIOLOGY CONFERENCE

www.kread.org

This form should be duly filled and returned to: **Kread Foundation , 44, Kachipura, Near Kachipura Garden, Ramdaspath, Nagpur, Mah., India 440010** or fax to: (0712) 6615 172 or email to: support@kread.org, at least two months before the conference.

Date of Application:

For Official Use

Application No:

PART I: GENERAL INFORMATION

Conference Details

Recommended by (Learning centre name)

Hospital Details

[illegible]

Contact Details

[illegible]

Other Details

Topics you would be interested in (select any two)	<input type="checkbox"/> Live Surgeries (Choose any two) <input type="checkbox"/> ASD closure <input type="checkbox"/> PDA closure <input type="checkbox"/> IVUS guided CTO case <input type="checkbox"/> Bifurcation lesion angioplasty <input type="checkbox"/> Below knee angioplasty <input type="checkbox"/> Renal denervation therapy <input type="checkbox"/> Basics of Angioplasty - How to choose an appropriate guide catheter
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Regd. Address: 42/A, Dharampeth Co-operative Housing Society, 5th Layout, Jaiprakash nagar, Khamla Road, Nagpur – 440025

Correspondence Address: 44, Kachipura, Behind Hotel Peanut, Near Kachipura Garden, Ramdaspeth, Nagpur – 440010

Ph: +91 712 6615171 **Fax:** +91 712 6615179 **Email:** support@kread.org **Website:** www.kread.org



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	<input type="checkbox"/> Basics of Angioplasty - Guide wires - Lesion specific guide wire choice <input type="checkbox"/> Basics of Angioplasty - Recent advances in stent technology <input type="checkbox"/> Surgery vs device closure in congenital heart disease - Making appropriate choices <input type="checkbox"/> Assessment of Pulmonary Hypertension in congenital heart disease and clinical significance <input type="checkbox"/> Primary Angioplasty - Pharmacotherapy in Primary angioplasty <input type="checkbox"/> Left Main lesion -Surgery vs Stent <input type="checkbox"/> Chronic total occlusion - Newer techniques and technologies <input type="checkbox"/> Act Against Amputation <input type="checkbox"/> Assessment of PAD patient <input type="checkbox"/> Management of Reno-vascular hypertension
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PART II: INSTITUTION / HOSPITAL INFORMATION

Sr. no.	Subject	Information given by Hospital	Remarks
1.	Hospital Information		
	Building		
	Total Area		
	Floor Area		
2.	Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary.		

3. Total number of beds [] []
4. Nursing Care:-
- (a) Total number of Nurses [] []
- (b) No of para-medical staff [] []
5. No. of In house Doctors [] []
6. No. of In house Specialist/Consultant [] []
7. No of visiting specialist/Consultant [] []
(Attach separate sheet if necessary)
8. No of Operation Theatre [] []
9. No of Operations / Surgeries Daily () Weekly () Monthly ()
10. Specialties & Super-specialties available (attach a separate sheet)
11. Hospital Utilisation indices
- (a) Bed occupancy Rate ()
- (b) Average length of stay ()
- (c) Average daily OPD attendances ()
- (d) Gross death rate ()
- (e) Net death rate ()
- (f) Post operation Mortality rate ()
- (g) Caesarean rate ()

Declaration:

I hereby declare that the information provided above is best to my knowledge. I understand that this consideration of this application is sole discretion of KREAD Foundation and it is non-transferrable.

SEAL & SIGNATURE OF THE
AUTHORIZED APPLICANT

[Print On Your Letterhead]

Terms of acceptance

Conference Compliances

1. We understand this acceptance letter of terms for the conference of Interventional Cardiology dated 5th September 2015 would be our commitments for the conference.
2. We understand and agree that on selection as a teaching center Dr _____ would be required to be present for in camera meeting, along with other teaching centers, trustees of Kread Foundation and advisory council members of the foundation, to discuss the schedule in detail. We confirm his presence.
3. We accept to participate in press conference organized by KREAD FOUNDATION for awareness and propagation of the conference, to be held in either Mumbai or Pune around 31st August 2015, 5 days prior to the conference. We understand that the date is subject to change but not cancellation.
4. We understand that selection of patient, surgery of patient and the relative medical implications of live surgeries performed and showcased during the medicon series conference, by us are completely and solely our responsibility and have obtained the relevant No Objection Letters (N.O.C.) from the patients. We hereby indemnify the foundation and its technology team of any such responsibility or liability.
5. We understand that only one Operation Theatre will be allowed to transmit surgeries and the team, technology and support of transmission implementation will be sent as per one Operation Theatre only.

Medical Council Compliances

6. We accept to provide complete documentation required by KREAD FOUNDATION and its learning centers in various countries for getting credit points, endorsements from associations and other health authorities or government officials.
7. We understand that Kread Foundation will be responsible for getting all the relevant endorsements, credit points (wherever mandatory), delegates in all its learning centers. We also understand that our institutional logo and the demonstrating surgeons name, profile and experience will be used by the Kread Foundation for getting all these endorsements and we approve the same.
8. We understand that Kread Foundation and its team will be responsible for all the correspondences including SMS's, Newsletters and invitations to all delegates across all countries.

[Sign]

Technology & implementation Compliances

9. We accept to be ready with relevant content, patient, case details and operation theatre along with surgical infrastructure required to perform procedures related to conference / workshop.
10. We accept to be prepared with the pre-requisites of Internet Connection of a minimum 3 – 5 MBPS upload without firewall or proxy, 2x2 Feet or bigger trolley, Surgical input (high definition) – Endoscopic / Laparoscopic surgical camera (if any) and Uninterrupted power supply inside operation theatre. We agree to provide one person from our institution for handling camera during the surgery.
11. We accept to ensure that the transmission equipment carried by team of KREAD FOUNDATION's Recommended Service Provider, during the conference/workshop will not be moved beyond particular extent. If there are presentations along with surgery, it should be delivered from the operation theatre room or the surgeon's room next to operation theatre.

[Seal]

[Private and Confidential]

12. We will utilize the time allotted to our teaching center for surgery, Q&A and presentation as per schedule. Ensuring not to hurry up, or quickly completing the topic during the conference/workshop.
13. We accept to complete immaculate execution of the session in an accurate schedule provided by KREAD FOUNDATION.

Privacy Compliance

14. We accept not to promote any pharmaceutical company, equipment manufacturer or organization commercially benefitting in the medical Fraternity during the conference/workshop, in view of the regulations by medical councils of all countries.
15. We accept to ensure that information about drug or equipment used during the conference/workshop should be kept either generic or related to the specification and not the brand.
16. We accept to refrain from making any personal comments towards any doctor or hospital in the specialization even if asked about your experience, about a particular doctor or hospital during the conference/workshop.
17. We accept to avoid personalized testimonials by anyone, about our Teaching Center during the conference/workshop. The introduction Movie/Presentation of our Teaching Center should provide information about the need and availability of infrastructure of the Teaching Center.

Registration & Subsidy Compliances

18. We accept to pay Conference Registration Fees of Rs. 1 Lac (INR One Lac) to KREAD FOUNDATION on selection of our institution as a teaching center. On the receipt of the registration fees, we will also receive an official letter ensuring our selection. We understand that this Conference Registration Fees is completely non-refundable, non-transferrable and applicable only for this medical workshop/conference under Medicon Series of the Kread Foundation
19. We also agree to use and pay for the recommended technology of transmission to Kread learning centers across multiple countries, designed and developed for professional medical education and live surgery / procedures by "Watchwitz Technologies Pvt Ltd" an incubate and funded organization of the Science and Technology Park, an Organization promoted by the Department of Science and Technology, Government of India. We also understand that payment for transmission would be 3,50,000 INR which includes Servers, Transmission Equipment, Audio-Sound cancellation and Echo cancellation equipments, External/Non-Surgical cameras and all other devices and equipments and also includes travelling, lodging and boarding of transmission team of 2 people.
20. We understand that there would be no other cost of fees to be paid to the Kread Foundation other than the Conference Registration fees mentioned above for this conference / workshop. We also understand that the transmission cost will be paid to the recommended technology provider "Watchwitz Technologies Pvt. Ltd."

For _____

[Name of Hospital]

[Sign]

Authorized Signatory

Date: