

# Learning How Brain Learns



**Tamil Nadu Medical Council**

&

**The Tamil Nadu**

**Dr. M.G.R. Medical University**

**Credit Points Awaited**

## Scientific Programme

09.00 am **Registration**

10.00 am **Inauguration**

10.30 am **Tea**

11.00 am **Session I**

**Learning is Normal & Abnormal**

**Dr. Sudha Seshayyan, M.S.(Anatomy)**

Director,

Institute of Anatomy,

Madras Medical College

12.00 pm **Session II**

**Psychiatric Perspectives of  
Learning**

**Dr.T.V.Asokan, M.D. (Psychiatry)**

Professor,

SRM Institute of Medical Sciences

1.00 pm **Lunch**

2.00pm **Session III**

**Learning Disorders**

**Dr. S. Arunan, M.D., D.M. (Neurology)**

Professor,

Kilpauk Medical College

3.00 pm **Tea**



**Chettinad**  
Academy of Research & Education  
(Deemed to be University Under Section 3 of the UGC Act 1956)



**Chettinad**  
Hospital & Research Institute

## CME ON ANATOMY OF LEARNING *(LEARN, UNLEARN, RELEARN)*



**Department of Anatomy**

**5<sup>th</sup> November 2016**

**Venue: LH - 3 (Mini Auditorium)**

[www.chettinadhealthcity.com/conference/cme.htm](http://www.chettinadhealthcity.com/conference/cme.htm)



We take great pleasure in inviting you to

**CME**

on

**ANATOMY OF LEARNING**  
(LEARN, UNLEARN, RELEARN)

to be held on

Saturday, 5<sup>th</sup> November 2016

**Chief Guest**

**Prof. Dr. K. Ravindran**  
Vice Chancellor, CARE

Organizing Chairperson

**Prof. Dr. S. Indumathi**

Organizing Committee

**Dr. Balaji. T.K**

**Dr. Hannah Sugirthabai Rajila. R**

**Dr. Sowjanya. B**

**Mr. Vaithianathan. G**

**Dr. Manickam.S**

**Dr. Arathi. M S**

**Dr. Janani. Y**

## Registration details

**Faculty - Rs. 400**

**UG/PG\* - Rs. 350**

**Last date for Registration - 31.10.2016**

Kindly send the Demand draft drawn in any Nationalised Bank, in favour of **Chettinad Hospital & Research Institute.** payable at Kelambakkam.

For Online Transfer:

Name of the Bank: **HDFC Bank,**  
**Kelambakkam, Branch.**

Account No. : **20751450000028**

IFSC Code : **HDFC0002075**

*Cash & DD will be accepted.*

For Communication:

**Dr. S. Indumathi**

Professor & HOD, Dept. of Anatomy, CHRI,

Mobile: 97910 72584

E-mail: drindumathi@chettinadhealthcity.com

For Registration Contact:

**Mr. G. Vaithianathan**

Mobile : 99419 70017

E-mail: vaithi316@gmail.com

**Dr.Y. Janani**

Mobile : 96886 19991

E-mail: dryjanani@gmail.com

\* Bonafide certificate to be enclosed

## Registration form

Name : .....

Designation : .....

Faculty  UG  PG

Address : .....

E – mail ID : .....

Reg. No. : .....

(Medical Council)

Mobile : .....

D.D. No. / NEFT : .....

Name of the Bank: .....

Signature

Registration form can also be downloaded from  
[www.chettinadhealthcity.com/conference/cme.htm](http://www.chettinadhealthcity.com/conference/cme.htm)

**Last date for Registration - 31.10.2016**