

Organized by



29th JAN- 01st FEB 2026
INDORE, MADHYA PRADESH

Venue: Brilliant Convention Centre, Indore

Hosted by



59th Annual Conference of The Urological Society of India (USI)

CERTIFICATE

This is to certify that _____
has participated as **Delegate / Faculty** in **USICON 2026** held on **29th January to 01st February 2026** at **Brilliant Convention Centre, Indore.**

Madhya Pradesh Medical Council has granted accreditation for this programme with **7** credit hours vide letter no. **MPMC/CME-02/2026/498**

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