



SSBCON 2026 · SKILL, SCALPEL & BEYOND

SIA 2026

SURGEONS' INNOVATION AWARDS

"Transforming Clinical Ideas into Scalable Healthcare Solutions"

The search for disruptive Med-Tech, Surgical AI and clinical breakthroughs

LAST DATE TO APPLY

31 OCT 2026

GRAND FINALE

21 NOV 2026

VENUE

Hotel Capitol, Rajbhavan Road, Bengaluru

A

STUDENT INNOVATOR

MS / MCh residents (all years)

₹2,500

REGISTRATION FEE

B

YOUNG INNOVATOR

Up to 5 years post MS / MCh

₹5,000

REGISTRATION FEE

C

SURGEON INNOVATOR

Open to all practising surgeons

₹10,000

REGISTRATION FEE

INNOVATION DOMAINS

AI & digital surgery

Procedure innovation

Devices & instruments

Implants & biomaterials

Frugal innovations

Patient-centric design

Training & simulation

Systems & workflow

Special track: Surgical Intelligence & Future Surgery

JUDGING METRICS

- 1 Ideation
- 2 Innovativeness
- 3 Impact
- 4 Practicality
- 5 Applicability
- 6 Originality
- 7 Current status

1

REGISTER

Register at www.ssbasicc.org
or scan the QR below and pay
the fee

2

APPLY

Fill the application form (next
page); attach abstract, CV &
payment proof

3

SUBMIT

Email the form & abstract to
ssbasicc1974@gmail.com by
31 Oct 2026

Concept by Prof. Dr. Prem Kumar A, Past President, SSB · Endorsement sought: Association of Surgeons of India

REGISTER & SECRETARIAT

Register & pay: sbcollect.sbi.bank.in/sbcollect · Corp ID 3957560

www.ssbasicc.org · ssbasicc1974@gmail.com

+91 92431 08442 · +91 80 2670 5691

IMA House, Alur Venkata Rao Road, Bengaluru 560 018



SCAN / PRESS TO PAY

Dr. Sunil Kumar V
President, SSBASICC

Dr. Vikram S. Biligiri
Hon. Secretary, SSBASICC



SURGICAL SOCIETY OF BANGALORE

SURGEON INNOVATION AWARD 2026 · APPLICATION FORM



Before you begin: complete all sections (mark N/A where not applicable) · a 500-word abstract is required (separate PDF or Section 4) · attach CV, prototype images, video links and references · pay the fee and attach proof (Section 7) · **email the form and abstract to ssbasicc1974@gmail.com by 31 October 2026.**

1 APPLICANT DETAILS

FULL NAME (WITH TITLE)

DATE OF BIRTH

GENDER

MOBILE NUMBER

EMAIL ADDRESS

CITY, STATE

CURRENT DESIGNATION & INSTITUTION

MEDICAL COUNCIL REG. NO. & STATE

2 CATEGORY APPLIED FOR (TICK ONE)

☐ **Student Innovator** — MS / MCh residents
₹2,500

☐ **Young Innovator** — up to 5 yrs post MS /
MCh ₹5,000

☐ **Surgeon Innovator** — all practising
surgeons ₹10,000

3 INNOVATION DOMAIN (TICK ONE PRIMARY; A SECOND ONLY IF IT GENUINELY SPANS TWO)

☐ AI & digital surgery

☐ Procedure innovation

☐ Devices & instruments

☐ Implants & biomaterials

☐ Frugal innovations

☐ Patient-centric design

☐ Training & simulation

☐ Systems & workflow

☐ Special track — Surgical Intelligence & Future Surgery

4 INNOVATION SUBMISSION

TITLE OF THE INNOVATION

PROBLEM STATEMENT (CLINICAL PROBLEM YOU SET OUT TO SOLVE)

PROPOSED SOLUTION (IN PLAIN LANGUAGE)

CLINICAL RELEVANCE (WHO BENEFITS, WHERE, HOW)

INNOVATION UNIQUENESS (HOW IT DIFFERS FROM WHAT EXISTS)

STAGE OF DEVELOPMENT ☐ Concept ☐ Early prototype ☐ Working prototype ☐ Clinically tested ☐ Deployed

FEASIBILITY & RESOURCES REQUIRED

5 IP, CO-INVENTORS & DISCLOSURES

CO-INVENTORS / COLLABORATORS (NAMES, ROLES, AFFILIATIONS)

CONFLICTS OF INTEREST (INDUSTRY FUNDING, EQUITY, ADVISORY ROLES)

PATENT / IP STATUS ☐ None ☐ Provisional filed ☐ Patent filed ☐ Granted ☐ Other

6 ATTACHMENTS CHECKLIST

☐ Detailed abstract (PDF, up to 500 words)

☐ CV of primary applicant

☐ Prototype images / diagrams

☐ Video demonstration

☐ Published / pre-print references

☐ Letter of support (HOD)

VIDEO LINK, IF ANY

7 REGISTRATION FEE

AMOUNT PAID (₹)

DATE OF PAYMENT

MODE OF PAYMENT

TRANSACTION / REF. NO.



Scan to pay

8 DECLARATION

I declare that the information provided is accurate to the best of my knowledge. The innovation is my own original work, or I have appropriately credited co-inventors. I understand that selection is at the sole discretion of the SIA jury and that the registration fee is non-refundable once an application has been reviewed. I consent to the Surgical Society of Bangalore using my submission for evaluation, mentorship and, if shortlisted, public presentation.

SIGNATURE

DATE

PLACE

FOR OFFICE USE

Application ID: _____

Date received: _____

Fee verified by: _____

Shortlist: ☐ Accepted ☐ Hold ☐ Declined