4th FELLOWSHIP IN ADVANCED ROBOTIC AND INNOVATIVE SURGERY FARIS 2026

Association Robotic Innovative Surgeons

A CLINICAL ROBOTIC SURGERY FELLOWSHIP BY ASSOCIATION OF ROBOTIC AND INNOVATIVE SURGEONS

IN AFFILIATION WITH

SRI RAMACHANDRA UNIVERSITY

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

PROSPECTUS

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FARIS

CONTENTS

I. Introduction

The clinical fellowship is to be known as "Fellowship in Advanced Robotic and Innovative Surgery (FARIS)". The fellowship will be for a period of one year conducted through online and onsite curriculum. The onsite program will be conducted in IRCAD India campus or any venue deemed appropriate for FARIS. The fellowship will be as per UGC guidelines and will be a medical university degree from Sri Ramachandra University and affiliated to Royal College of Surgeons of Edinburgh with credit points.

The Scientific committee formulates the syllabus and curriculum. All those members and non-members including international surgeons who fulfill the guidelines and criteria laid down by the committee will be eligible to apply for the fellowship program. However, the candidate has to complete the ARIS membership formalities before applying for FARIS.

All certified "Center of Excellence" hospitals will be eligible to run the clinical fellowship mentorship program. The eligible candidate's application will be forwarded to the respective participating hospital after registration. The candidate is expected to read and follow the guidelines below and submit all required documents online before the end of the term. Successful fellows will be felicitated and ceremonially offered fellowship in the convocation during the following Annual ARIS congress after the fellowship board's clearance.

II. Core Curriculum for FARIS Clinical Fellowship Training

A. CLINICAL AND TECHNICAL EXPERIENCE

Fellows in the course are required to provide outstanding evidence based clinical care to robotic surgery patients while advancing the future of medicine through innovative research.

i. Surgical Operation Requirements

In order to meet the designation of comprehensive training, fellows must be exposed to more than one type of robotic surgery and participate in at least 25 hours of clinical exposure with a minimum of 10 robotic operations. The fellow should have assumed the role of assisting surgeon in few of the cases. The candidate is expected to be having scrubbed and being a part of the floor in few of the instances, as deemed adequate by the program director to establish competence in managing surgeries including complications. Fellows should also have at least the basic exposure to minimal access surgery.

ii. Consultation Requirements

The fellow may participate in perioperative outpatient consults, and evaluations. All the evaluation requirement must be documented in the logbook.

iii. Performance Assessment Synopsis

The Program Director will be responsible for conducting at least one fellow performance assessment interview and provide the FARIS committee with outcome of the meeting.

B. COGNITIVE EXPERIENCE

In addition to the clinical and technical experience detailed above, it is expected that the fellow will also participate in non-surgical educational endeavors. These activities must be documented and validated by the Program Director.

i. Didactic Educational Sessions

The fellow must document that they participated in all the meetings. Attendance for online lectures are auto marked and the logbook can be used for other required documentation. Other didactic sessions may include interviews, live surgeries, review sessions, special webinars on interesting topics, journal clubs and case discussions. All these sessions can be either online or onsite. See annex for online lecture schedules.

ii. Dissertation Requirements

Fellows are expected to do dissertation which will be a review of literature on any of clinical robotic speciality during the fellowship and submit it through the assessment portal. The guidelines can be downloaded from the dissertation section in the website.

iii. Multidisciplinary Requirements

Fellows are expected to participate in regular robotic multidisciplinary meets. They also must attend a minimum of two conferences / CME programs during their fellowship tenure and is encouraged to attend at least one patient support group / patient educational seminar. They will be required to fill the details in the logbook and submit certificates of attending such programs online.

C. FELLOWSHIP GUIDELINES

- All certified “Center of Excellence” hospitals / institutions will be eligible to run the clinical robotic fellowship observorship program.
- Candidate should submit a fully completed application form along with supporting documents of adequatequalification and experience online.
- Candidates will be applying for the choice of COE’s as per their speciality with the available centres and platform for clinical observership.. Once cleared, the candidate will be attending the institution for observership by appointment for training as per the curriculum.
- The candidate is expected to submit his / her logbook online at regular intervals for assessment by the program director. After the completion of the course, the FARIS committee will be assessing the logbook as a part of the final assessment.
- The candidate will also be submitting his / her literature review article as a par of their dissertation by the end of the deadline.
- The fellows will be assessed based on their clinical performance by the program director, thesis by external examiners, theory and viva examination either online or physical during the ARIS annual congress.
- Successful candidates will be bestowed with SRIHER (Deemed to be University) degree which is also affiliated to the Royal College of Surgeons of Edinburg and felicitated during the annual ARIS congress.
- Compulsory attendance and clearance of all modules are mandatory and marks will be allotted based on the attendance as well.

D. FELLOWSHIP PERIOD

- A typical fellowship will be for one year duration with both onsite and offsite curriculum.
- The fellowship course will commence on the first day of the ARIS annual conference of the application year until the end of Annual ARIS congress the subsequent year.
- Onsite candidates will join the clinical team within one month of the start of the course for their clinical attachment. Offsite candidate will be attending the COE institutions for clinical cases based on the online application process through the COE page.
- The FARIS committee will assess the fellow's logbook to allow the candidate to sir for the final examination. Any delay of submissions beyond the deadline will not be entertained to attend the exams and the candidate who defer will not be allowed to clear the course.
- Candidates who fail to complete the assessment on time will have to appear for an alternative date announced by the FARIS committee which will not be less than one month from the time of annual ARIS congress.

E. EXAMINATION

- Examination will be held online either on a stipulated time or during annual ARIS conference. Examination will be theory based as multiple choice questions and viva by internationally renowned faculty.
- All assessment materials like dissertation and logbook will be submitted by the candidate online on or before the deadline for assessment.
- Scoring will be for a total of 500 marks. 100 marks for clinical performance through logbook assessment, 100 marks for dissertation, 100 marks for theory (MCQ), 100 marks for OSCE assessment after cadaver training, and 100 marks for viva. All assessments are objective type done through virtual academy portal by the examiners.
- The student is expected to score 50% (250 / 500) to be eligible to graduate.
- The result will be announced during the last day of the conference and the candidates will be conferred at the convocation session of the ARIS national conference on the last day.

F. ELIGIBILITY CRITERIA

- Postgraduate MS / DNB specialities like General Surgery / Gynaecology / Orthopedic / Otorhinolaryngology, etc or international any post-graduate surgical training in relevant surgical speciality with at least 2 years post degree experience.
- Post MCh / DNB of any surgical speciality including Onco surgery, Gastroenterology, Urology, Cardiac surgery, Thoracic surgery, Head & Neck surgery, Pediatric surgery, Endocrine surgery, or any other speciality utilising robotic platform.
- The training Institute must have a recognition of the medical board of the respective country.
- Have sufficient experience and skills in basic minimal access surgery.
- International Fellows are required to apply for temporary registration through one of the program director's Centre of Excellence to be eligible to be eligible for clinical hands-on if the candidate prefers to observership in India. This will help them with the operating rights.
- A fully completed application form with all required education and registration certificates.
- Receipt of payment should be completed on or before the last date of the application.
- Seats will be first-cum-first-serve basis with a maximum of 100 candidates per year inclusive of all specialities and not more than 25% share for each speciality.
- Candidate will have to be an ARIS member to be eligible for application.

G. FEE STRUCTURE

- The fellowship will attract an admission fee of Rs.2,25,000 / $ 3000 plus GST. The delegate will also have to bear the fee for RCSEd affiliation if and when fixed by the university.
- The fellowship fee includes entry to 2 ARIS annual congress, Conclave, Cadaver course, and all modules of the course along with one year use of LMS platform and video library..
- Repeat candidates need to re-apply for the failed module once the board approves. If the candidate has to reappear for exams / appear for convocation the following year other the stipulated conference, he/she need to pay for the ARIS conference registration as per the published tariff.
- The renumeration for onsite candidates will depend on the COE institution and it is as per the program director's prerogative and ARIS will not be responsible for the same.
- All clinical & research related materials (soft copy of textbooks and journal access) and infrastructure (desk, library) will be provided the participating COE for onsite candidates. Offsite candidates will incur their personal expense for the same.
- All other expenses related to stationaries, accommodation, food, and travel will be borne by the candidate themselves.

III. Module Details:

The fellowship curriculum is divided into 4 modules as explained below with each module having a specific timeline and minimum hours of commitment required.

A. Module 1 - Online Course

The online course effectively starts from the date of induction during the ARIS annual congress. The candidate will be taking the Module 1 adding to a total of 50 hours of commitment with 30 hours for lectures and 20 hours of webinars.

1. Lectures: All lectures will be around 30 minute pre-recording based on basic and speciality of choice followed by answering 10 MCQ's and score 5 out of 10 in each lecture is mandatory before the candidate clears the module.
2. Webinars: Regular monthly webinars on various topics including journal club, research, case discussions, literature review, etc. Minimum of 12 webinar will be conducted on second and fourth Thursdays, including Royal College of Surgeons of Edinburgh series.
3. Both Lectures and Webinars will be accessed through the FARIS learning management system (LMS) and attendance is mandatory for all candidates.

B. Module 2 - Contact Course

Contact course will be for 25 hours (3 days of technical symposium and cadaveric training, either continuous or in split sessions).

Part 1: The first part of the contact course will be a mandatory 2 day program as a part of the ARIS conclave. The agenda will be didactic lectures, demonstrations and panel discussions. Test drive of available robots will be on a rotational basis during the two day conference.

Part 2: The second part will be hands-on simulation and cadaver training program for 1 day which will be platform and speciality based available by choice after the completion of the online module. The cadaver training will be conducted in IRCAD India state-of-the-art institute and / or any dedicated cadaver training facility. The seats will be allotted based on availability of platform as per the speciality. The candidate will be subjected to objective clinical assessment at the end of the course.

C. Module 3 - Clinical Training

Clinical training will be spread over a period of 9 months in one / multiple COE centres as per their availability under the program director and the candidate needs to clock a minimum of 25 hours of clinical time which includes 10 surgeries. Two types of clinical training are available;

1. Full-time: Candidates will join the clinical team within one month at the start of the course. They will be a part of the COE institution under its program director as their mentor. The renumeration for onsite candidates will depend on the COE institution and its program director's prerogative and ARIS will not be responsible for the same.
2. Part-time: Candidates are predominantly practicing surgeons who doesn't want to break away from their routine practice and hence attend clinical training on a part time basis. The candidate will attend the COE institution for clinical cases on a regular basis fulfilling as per the availability of surgeries and Program Director's approval at the desired COE.

The candidate will be maintaining a logbook through the LMS which will be available for assessment. The program director will also have a personal meeting to assess the clinical performance. If the candidate is unable to complete the required number of observation in the COE, they can attend the non-COE centres for the same provided the COE program director certifies the attendance for observation to the non-COE centre.

D. Module 4 - Assessments

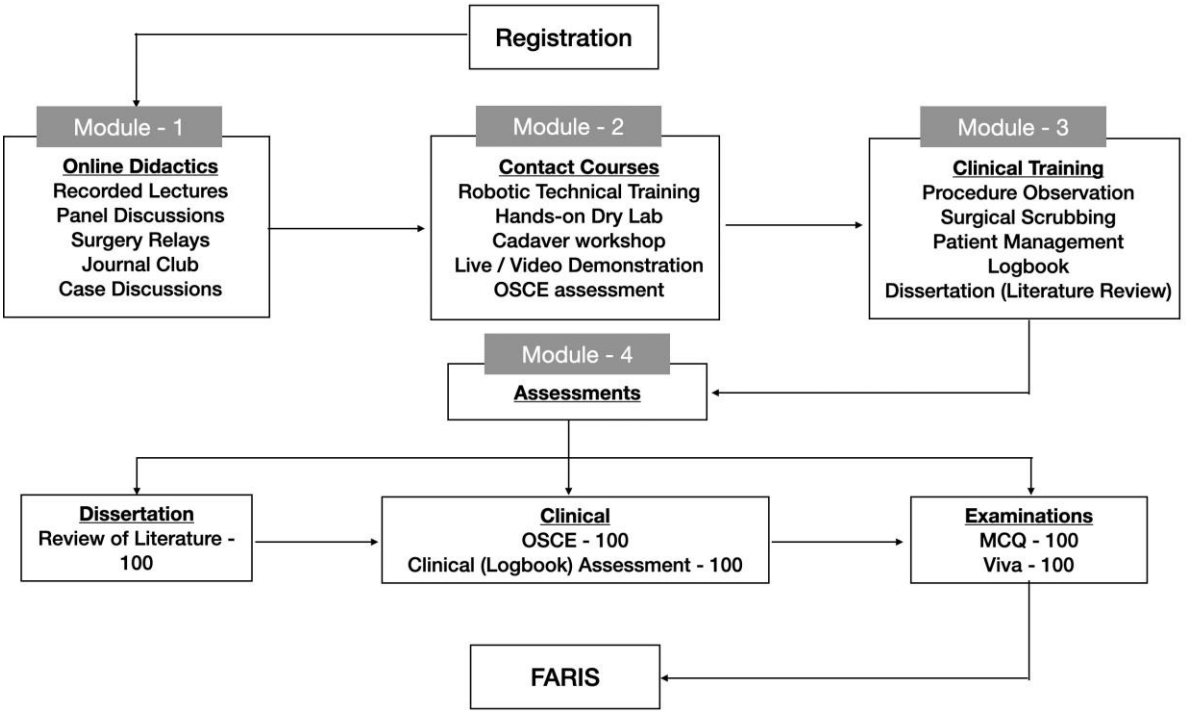
Assessments are based on 5 various modes and each will be assessed by both national and international faculty. Every assessment model will be on a objective basis by an independent assessor without revealing the candidates identity and their COE program.

1. Clinical performance assessment will be done by one of the program director of the COE the candidate attends for clinical training. This will carry 100 marks based on logbook.
2. Theory examination will be MCQ based online assessment with 50 questions. A total of 100 marks is allotted for the same. The theory will be conducted during the ARIS annual congress as an online format.
3. Viva will be a 15 minute interview after completing MCQ during annual ARIS congress. Viva carries 100 marks,
4. Hands-on cadaver course assessment will be OSCE model, based on 10 parameters assessing the candidates operative skills for the given task with a score of 100 marks.
5. Dissertation will be a literature review based on any clinical topic in robotic surgery or speciality submitted online. It carries 100 marks and will follow ARIS guidelines.
6. All assessments should be submitted on or before the deadline through the e-logbook in the assessment section of LMS for evaluation.

IV. Tariff:

Course	Period	Tariff	GST
Fellowship in Advanced Robotic & Innovative Surgery	**1 year**	**₹ 225000 / $ 3000**	**18%**
(Includes entry to 2 ARIS Annual Conferences, 2 day FARS Conclave, 1 day Hands-on Cadaver Workshop, 1 yr access to Learning Management System and Examination fees)			

V. Course Algorithm



VI. Typical FARIS Journey

- One year multi-access of 25 online lectures on essentials of robotic surgery and additional 10 lectures on speciality robotic surgery starting ARIS 2026.
- 12 monthly webinars with panel discussion on interesting topics, controversies and case series in robotic surgery from May 2026 till Jan 2027.
- Attending 2 day ARIS conclave as the first part of the contact classes with didactic lectures, panel discussions and robotic platform test drives in Sep 2026. Attendance for the event is mandatory.
- Attend 1 day hands-on cadaver workshop as per choice of platform, speciality and dates from Oct till Dec. The candidate will be eligible to attend after completing conclave. The candidate will be taking OSCE assessment examination at the end of cadaver course.
- 9 month full time / part time clinical observation of 10 robotic surgeries including speciality surgeries in one / multiple COEs which starts after the ARIS annual congress. Choice of non-COE observation to complete the logbook based on approval by program director. Program director will be assessing the candidate based on their clinical knowledge.
- Submit the logbook and dissertation for assessment by deadline in December
- Theory (MCQ) examination and viva assessment during the next ARIS annual congress in 2027.
- The course fees include the registration charges for all the contact courses including 2 ARIS annual congress 2026 & 2027, ARIS conclave, and Hands-on cadaver workshop. It doesn't include accommodation and travel expenses.

VII. Monthly Activity Breakup

April 2024	Conference	ARIS 2026 Online Lectures 25 Recorded videos with post lecture assessment
May 2026	Monthly Webinars Observership Dissertation	Twice a month (RCSEd and / or ARIS with other collaborations) Clinical exposure in one or multiple COE Centres Non-COE centre observership with Program Director's approval Title Submission
June 2026	Monthly Webinars Observership	
July 2026	Monthly Webinars Observership	
Aug 2026	Monthly Webinars Observership FARIS Conclave	 2 days symposium Lectures, Panel Discussion, Test drive of various platforms
Sep 2026	Monthly Webinars Observership	
Oct 2026	Cadaver Workshop Monthly Webinars Observership	1 day by rotation with 4 members per speciality per platform
Nov 2026	Monthly Webinars Observership	
Dec 2026	Monthly Webinars Observership	
Jan 2027	Monthly Webinars	
Feb 2027	Dissertation Logbook	Submission of final draft Submission of Completed document
Mar 2027	Dissertation Logbook	Correction / Final Evaluation Evaluation
April 2025	Examination Results Convocation	@ ARIS 2027 Congress 22 April 2027 - MCQ, Viva 24 April 2027 25 April 2027

VIII. Important Dates for FARIS 2026

Particulars	Date
Last date for application	28 February 2026
Commencement of the course	16 April 2026
Online Lectures	16 April 2026
Webinars	1 & 3rd Thursday every month
Clinical Obervership (By application)	1 May to 31 Dec 2026
Dissertation Title submission	31 May 2026
FARIS Conclave (Contact Course)	14, 15 August 2026
FARIS Cadaver Course (One day by allotment)	1-3 October and 29-31 October 2026
OSCE Assessment	End of Cadaver course day
Logbook Submission	28 February 2027
Dissertation Submission	28 February 2027
Theory Examination (MCQ)	22 April 2027
Viva Assessment (By allotment)	22 April 2027
Results	24 April 2027
Convocation	25 April 2027

IX. CONTACT

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X. ANNEXURE - 1

Online Lectures:

S.No	Topic	Comment
1	Introduction to Robotic Surgery	History & Evolution of various units
2	Current & Upcoming Platforms	What's new and what is to come
3	Why Robotic Surgery?	Outcome & Significance
4	Robotic Hardware	Image chain, Instruments & Technology
5	Ergonomic modifications	Setup, Access & Variations from Lap
6	Robotic Tissue Approximation	Suturing & Staplers
7	Robotic surgical complications	Complications specific to robotics
8	Troubleshooting Robotic surgery	Tips to overcome technical difficulties
9	Recent advances & Future	What new and what is to come
10	Economics & Setting up a Unit	Cost cutting, Investment and Setup
11	Anaesthesia for Robotic surgery	ERAS, Specific considerations
12	Robotic Upper GI surgery	Indications, Advantages, Procedures
13	Robotic HBP Surgery	Indications, Advantages, Procedures
14	Robotic Colorectal Surgery	Indications, Advantages, Procedures
15	Robotic Hernia surgery & AWR	Indications, Advantages, Procedures
16	Robotic Bariatric surgery	Indications, Advantages, Procedures
17	Robotic Thoracic Surgery	Indications, Advantages, Procedures
18	Robotic Urological Surgery	Indications, Advantages, Procedures
19	Robotic Gynaecological surgery	Indications, Advantages, Procedures
20	Robotic Transoral surgery	Indications, Advantages, Procedures
21	Robotic Endocrine Surgery	Indications, Advantages, Procedures
22	Robotic Cardiac Surgery	Indications, Advantages, Procedures
23	Robotic Head & Neck Surgery	Indications, Advantages, Procedures
24	Robotic Paediatric surgery	Indications, Advantages, Procedures
25	Training & Credentialing	Methodologies & Protocol

Additional lectures may be added in the future based on requirements.

ANNEXURE - 2

Webinar Topics:Webinars will be panel discussions on interesting topics related in robotic surgery conducted on the second and fourth Thursday every month between 7.30 and 8.30 pm IST. The webinar will be am ARIS event or as join collaboration with RCS Edinburgh with leading panelists from both countries addressing the pressing issues in Robotic surgery. Faculty from any future affiliating associations will be added to the panels as per the requirement.

S.No	Topic
1	The role of multidisciplinary teams in successful robotic surgery outcomes
2	Strategies for managing and mitigating complications in robotic surgery
3	Cost-effectiveness of robotics: Balancing patient outcomes & economic considerations
4	Evolution of robotic surgery in Urology: Development, Clinical outcome and its impact
5	Role of robotics and its clinical outcome in minimally invasive colorectal surgery
6	Impact of robotic surgery in benign gynaecocoloy and gynaecological oncology
7	Clinical outcomes of robotic Thoracic surgery: Safety, Efficacy and Complications
8	Quality and outcome considerations in robotic head and neck surgery including TORS
9	Role of robotics and its clinical outcome in robotic general surgical specialities
10	Robotic Technologies: Clinical experience with various robotic platforms and their specific user case advantages: Established systems
11	Robotic Technologies: Clinical experience with various robotic platforms and their specific user case advantages: Emerging systems
12	Tissue approximation, advanced energy, and imaging in robotic surgery
13	Outcomes and advantages of Robotic Upper GI surgeries
14	Benefits and significance of robotic surgery in Hepatic Billy pancreatic surgery
15	Role of Robotics in Bariatric and Metabolic Surgery outcomes
16	History and Evolution of Robotic Surgery
17	Clinical outcomes of robotic Cardiac surgery: Safety, Efficacy and Complications
18	Ergonomics of port placement and OR set-up in Robotic assisted surgery
19	Future of Robotic and Innovative Surgery
20	Benefit of Robotic platform in vascular surgery

ANNEXURE - 3

Conclave Agenda

Each candidate will undergo one hour of Hands-on dry lab training on silicon models. Hands-on will be for 60 minutes with 1-2 candidates per station based on platform availability. Candidates are required to be in the respective hands-on session 5 minutes before time

DAY 1 - ESSENTIAL ROBOTIC SURGERY

CONFERENCE HALL

Time	Type	Topic
8.30	Registration	Enrolment
8.45	Welcome	Introduction & Overview
09.00 - 10.40: Session 1 - Robotic Technology		
9.00	Video Demonstration	CMR Versius Robot platform
9.25	Video Demonstration	Intuitive daVinci Robot platform
9.50	Video Demonstration	Medtronic HugoRAS Robot platform
10.15	Video Demonstration	SSI Mantra Robot platform
10.40 - 11.00: Coffee Break		
11.00 - 13:00: Session 2 - Introduction to Robotics		
11.00	Lecture	Transition from Laparoscopy to Robotic Surgery
11.20	Lecture	Safety and Efficacy of Robotic Surgery
11.40	Lecture	How to train to be a robotic surgeon
12.00	Lecture	Economics of Robotic Surgery
12.20	Panel Discussion	Troubleshooting in Robotic OR
13.00 - 14.00 Lunch Break		
14:00 – 15:50: Session 3 Robotic Principles		
14.00	Lecture	Ergonomics of Access in Robotic Surgery
14.20	Lecture	Tissue Approximation in Robotic Surgery
14.40	Lecture	Dissection and Margin clearance in Robotic Surgery
15.00	Lecture	Robotic Surgery & ERAS
15.20	Panel Discussion	Case Capsules of Complications in Robotic Surgery
15:50 – 16:10: Coffee Break		
16.10 – 18.00: Session 4 Clinical Application of Robotic Surgery		
16.10	Lecture	Robotics for Abdominal surgeries
16.30	Lecture	Robotics for Thoracic surgeries
16.50	Lecture	Trans Oral Robotic Surgery
17.10	Lecture	Robotic Surface Surgeries
17.30	Panel Discussion	Index Robotic Surgeries
18.00: Summary & End of Day 1		

DRY LABORATORY

14:00 - 18:00: Hands-on Training (2 delegates per hour)		
14.00 - 18.00	CMR Versius 1 & 2	CMR Executive
14.00 - 18.00	SSI Mantra 1 & 2	SSI Executive
14.00 - 18.00	Intuitive daVinci 1 & 2	Intuitive Executive
14.00 - 18.00	HugoRAS	HugoRAS Executive
14.00 - 18.00	Other platforms	Platform Executives
13.00 - 14.00 Lunch Break		

DAY 2 - SPECIALITY ROBOTIC SURGERY

CONFERENCE HALL

Time	Type	Topic
8.45	Welcome	Recap & Overview
9.00 – 9.45 Hrs Session 5 : Upper GI Surgery		
9.00	Master Video	Robotic Nissen Fundoplication
9.15	Master Video	Robotic D2 Gastrectomy
9.30	Master Video	Robotic Esophagectomy / Lymphadenectomy
9.45 - 10.30 Hrs Session 6: Hepatobiliary Pancreatic		
9.45	Master Video	Robotic Cholecystectomy
10.00	Master Video	Robotic HepaticoJejunostomy
10.15	Master Video	Robotic Pancreatico-Duodenectomy
10.30 - 11.00 Hrs Coffee Break		
11.00 - 11.45 Hrs: Session 7: Colorectal Surgery		
11.00	Master Video	Robotic Rectopexy
11.15	Master Video	Robotic Right Hemi-Colectomy
11.30	Master Video	Robotic TME / LAR
11.45 - 12.30 Hrs Session 8: Hernia & AWR		
11.45	Master Video	Robotic Inguinal hernia Repair
12.00	Master Video	Robotic Ventral / Incisional hernia Repair
12.15	Master Video	Robotic AWR
12.30 - 13.00 Hrs Session 9: Bariatric Surgery		
12.30	Master Video	Robotic Gastric Bypass
12.45	Master Video	Robotic Revision Bariatric Surgery
13.00 - 14.00 Hrs Lunch Break		
15:00 – 15:45 Hrs Session 11: Gynaecology		
14.00	Master Video	Robotic Myomectomy
14.15	Master Video	Robotic Surgery for Endometriosis
14.30	Master Video	Robotic Radical Hysterectomy
14:45 – 15.45 Hrs Session 10: Urology & Pediatric Surgery		
14.45	Master Video	Robotic Radical Prostatectomy
15.00	Master Video	Robotic Partial / Total Nephrectomy
15.15	Master Video	Robotic Bladder Augmentation / Cystectomy
15.30	Master Video	Robotic Pyeloplasty
15.45- 16.00 Hrs: Coffee Break		
16.00 – 17.00 Hrs Session 12: Head & Neck / Endocrine Surgery		
16.00	Master Video	Trans Oral Laryngeal / Pharyngeal Resection
16.15	Master Video	Robotic Thyroidectomy
16.30	Master Video	Robotic Mastectomy
16.45	Master Video	Robotic Adrenalectomy
17:00 – 18:00 Hrs Session 11: Cardio Thoracic Surgery		
17.00	Master Video	Robotic CABG Surgery
17.15	Master Video	Robotic Valve surgeries
17.30	Master Video	Robotic Anatomic Lung Resection
17.45	Master Video	Robotic Resection of Anterior Mediastinal Tumours
18.00 Hrs: Summary & Close of Conclave		

DRY LABORATORY

14:00 - 18:00: Hands-on Training (2 delegates per hour)		
14.00 - 18.00	CMR Versius 1 & 2	CMR Executive
14.00 - 18.00	SSI Mantra 1 & 2	SSI Executive
14.00 - 18.00	Intuitive daVinci 1 & 2	Intuitive Executive
14.00 - 18.00	HugoRAS	HugoRAS Executive
14.00 - 18.00	Other platforms	Platform Executives
13.00 - 14.00 Lunch Break		

ANNEXURE - 4

Cadaver Workshop

Each candidate will undergo one full day of Hands-on training on procedures on cadaver which will be platform and specialty specific happening for six days between 1-3 and 29-31 October 2026 based on availability of various platforms with maximum 4 delegates per station.

Speciality	Procedures
General Surgery Abdominal Wall Reconstruction	Cholecystectomy, Appendicectomy, Inguinal Hernioplasty
Surgical Gastroenterology Surgical Oncology	Distal Gastrectomy, Jejunojejunostomy, Anterior Resection
Upper Gastro Intestinal Bariatric Surgery	Cardiomyotomy, Fundoplication, Sleeve Gastrectomy
Hepatobilary Pancreatic	CBD Exploration, Hepaticoduodenostomy, Distal Pancreatectomy
Colorectal	Right Hemicolectomy, Rectopexy, Anterior resection
Gynaecolgy	Ovarian Cystectomy, Hysterectomy, Tubal recanalisation
Urology	Nephrectomy, Prostatectomy, Bladder Conduit
Pediatric Surgery Endocrine Surgery	Splenectomy, Pyeloplasty, Adrenalectomy
Cardiac Surgery	IMA Harvesting, Mitral valve surgery, Aortic valve surgery
Thoracic Surgery	Thymectomy, Lung lobectomy, Esophageal mobilisation
Otorhinolaryngology	TORS Tonsillectomy, TORS Base of tongue, TORS Thyroidectomy
Surface Surgery	Trans axillary Thyroidectomy, Trans axillary Mastectomy, Axilarry lymph node dissection
Other specialities	As and when required

ANNEXURE - 5

Dissertation Guidelines

Overview

Dissertation will be a " REVIEW OF LITERATURE" on a robotic topic of choice as a part of the FARIS curriculum. Dissertation requires the ability to juggle multiple tasks, from finding and evaluating relevant materials to synthesising information from various article sources, critical thinking to para- phrasing, evaluating, and citation skills. As per FARIS, the literature review will have to be around **2500** words.

General Instructions:

- The dissertation will be Review of Literature on various techniques, specialities, outcomes, complications pertaining to Robotic surgery
- Ensure that the dissertation adheres to the specified format and guidelines.
- Prize winning dissertation will be published in ARIS official journal JARIS.

ROL Themes:

The theme of Literature Review can be on any topic pertaining to Robotic Surgery and its specialities. For easy understanding, find below the branches under which you can close the title for your dissertation.

Basics Principles
Technology
Techniques
Outcome
Complications
Recent Advances
Innovation
Specialities:

- General Surgery
- HPB Surgery
- Upper GI Surgery
- Bariatric Surgery
- Colorectal Surgery
- Hernia Surgery
- Surgical Oncology
- Gynaecology
- Urology
- Pediatric Surgery
- Cardiac Surgery
- Thoracic Surgery
- Otorhinolaryngology / TORS
- Neurosurgery
- Orthopaedics
- Any Other Speciality

Dissertation Rules:

There are ten simple rules that make the author's life simple. Ideas and insights also come from discussions with colleagues, as well as feedback from reviewers and editors.

Rule 1: Define a Topic and Audience
Rule 2: Search and Re-search the Literature
Rule 3: Take Notes While Reading
Rule 4: Choose the Type of Review You Wish to Write
Rule 5: Keep the Review Focused, but Make It of Broad Interest
Rule 6: Be Critical and Consistent
Rule 7: Find a Logical Structure
Rule 8: Make Use of Feedback
Rule 9: Include Your Own Relevant Research, but Be Objective
Rule 10: Be Up-to-Date, but Do Not Forget Older Studies

Composition of the Manuscript
Manuscripts consist of three major sections and should be placed in the order listed:

1. Preliminary Pages
Title Page
List of Abbreviations / Nomenclature / Symbols (optional)
Abstract
Keywords

2. Chapters
Introduction
Methodology
Findings / Results
Discussion
Conclusion

3. References
Minimum of 15 and a maximum of 50 references to support the literature review, preferably from indexed journals.

Title:
The title should not using too many words / characters.
Use clear and concise language, avoiding jargon and abbreviations.
The title should be printed in CAPITAL LETTERS (font size 14), with the exception of scientific names which should be upper / lower case and italicized.

Author Information:
Include the names and affiliations of all authors.
Clearly designate the name of the FARIS candidate who will be the presenting author with an asterisk (*) and provide their contact details including email ID and mobile number. The FARIS candidate (presenting author) is obliged to ascertain that all authors are aware of the content and should be an original work. The authors should ascertain that there is no plagiarism including self-plagiarism.
No two candidate should submit the same abstract as author. Each candidate should be the primary author for an independent topic.

Manuscript Structure:

Topic	Approx Word Count	Approx %
Abstract	300	NA
Introduction	375	15
Review Methodology	375	15
Findings	750	30
Discussion	750	30
Conclusion	250	10
Total	**2500**	**100**

Manuscript Preparation

Font
Use ARIAL font consistently throughout the manuscript. Font size should be 12 point for all text, including titles and headings. It is permissible to change point size in tables, figures, captions, footnotes, and appendix material. Retain the same font, where possible. When charts, graphs, or spreadsheets are "imported," it is permissible to use alternate fonts. Italics are appropriate for book and journal titles, foreign terms, and scientific terminology. Boldface may be used within the text for emphasis and/or for headings and subheadings.

Margins
Measure the top margin from the edge of the page to the top of the first line of text. Measure the bottom page margin from the bottom of the last line of text to the bottom edge of the page. Page margins should be a minimum of one-half inch from top, bottom, left and right. Right margins may be justified or ragged, depending upon departmental requirements or student preference.

Pagination
The title page is considered to be page one, but the page number may or may not be printed on this page. All other pages should have a page number centered at the bottom of the page. Number the preliminary pages in lowercase Roman numerals. Arabic numerals begin on the first page of text. Pages are numbered consecutively throughout the remainder of the manuscript.

Spacing
The entire text should be one-half spaced. Block quotations, footnotes, endnotes, table and figure captions, titles longer than one line, and individual reference entries may be single-spaced.
Double spacing should follow chapter numbers, chapter titles and major section titles (Dedication, Acknowledgements, Table of Contents, List of Tables, List of Figures, List of Abbreviations, Appendices, and References). Double spacing should also occur before each first- level and second-level heading, and before and after tables and figures embedded in the text. There should only be one blank space after headings.

Numbering Schemes
Chapters may be identified with uppercase Roman numerals or Arabic numbers. Tables, figures, and equations should be numbered consecutively throughout the manuscript with Arabic numerals. Equation numbers should be placed to the right of the equation and contained within parentheses or brackets. Use uppercase letters to designate appendices.

Divisions
1. Body of Manuscript
Departments will determine acceptable standards for organizing master's theses into chapters, sections, or parts. Usually, if a thesis has headings, a Table of Contents should be included.
The dissertation must be divided into chapters. The use of parts, in addition to chapters, is acceptable.

2. Words and Sentences
Take care to divide words correctly. Do not divide words from one page to the next. Word processing software provides for "widow and orphan" protection. Utilize this feature to help in the proper division of sentences from one page to another. In general, a single line of text should not be left at the bottom or top of a page. Blank space may be left at the bottom of a page, where necessary.

3. Headings and Subheadings
Use headings and subheadings to describe briefly the material in the section that follows. Be consistent with your choice of "levels" and refer to the instructions on spacing, above, for proper spacing between headings, subheadings, and text. First-level headings must be listed in the Table of Contents. Second-level and subsequent subheadings may be included.

4. Acronyms/Abbreviations / Capitalization
Abbreviations on the title page should appear as they do in the body of the thesis or dissertation. Examples: Xenopus laevis, Ca, Mg, Pb, Zn; TGF-ß, p53. Capitalize only the first letter of words of importance, distinction, or emphasis in titles and headings. Do not alter the all-cap style used for acronyms (Example: AIDS) and organizational names (Example: IBM). Use the conventional style for Latin words (Examples: in vitro, in vivo, in situ). Genus and species should be italicized. Capitalize the first letter of the Genus, but not that of the Species name (Example: Streptococcus aureus).

5. Tables and Figures
Figures commonly refer to photographs, images, maps, charts, graphs, and drawings. Tables generally list tabulated numerical data. These items should appear as close as possible to their first mention in the text. Tables and figures should be numbered with Arabic numerals, either consecutively or by chapter. Be consistent in the style used in the placement of tables and figure captions. Tables and figures may be embedded within the text or placed on a page alone. When placed on its own page, a figure or table may be centered on the page. When included with text, a table or figure should be set apart from the text. Tables and figures, including captions, may be oriented in landscape. Table data and figure data must be kept together, if the information fits on one page.

Abstract:
The abstract is a separate document from the manuscript; but in short and it is not bound with the dissertation. No page numbers are needed on the abstract. One copy is required for inclusion into Journal if the dissertation is selected for best paper and for abstract presentation. The maximum length of the abstract for review of literature is 300 words, including the title.

Title:
Same title of the ROL to be mentioned

Body:
Aim / Background: Clearly state the problem or objective of the study.
Materials / Methods: Describe the research design, methodology, and data analysis.
Results: Summarize the main findings with supporting data.

Conclusion:
Present the conclusions drawn from the study and their implications.

Keywords:
Include [3-5] keywords that represent the main topics or themes of the abstract.

Submission:
Abstract should be submitted online through FARIS logbook. The deadline for submission will be available in thew FARIS page on the website.

Review Process:
Though all FARIS dissertation will be eligible for publication and presentation, the manuscript should be as per ARIS guidelines and criteria for evaluation include relevance, originality, methodology, results, and overall clarity. Top 10 dissertation will be eligible for publication in ARIS official journal JARIS.

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