INTERNATIONAL ASSOCIATION OF
STEM CELL & REGENERATIVE MEDICINE

ONE-YEAR INTERNATIONAL HYBRID FELLOWSHIP · FEBRUARY 2027 INTAKE

Stem Cell & Regenerative Medicine

From the biology, to the bedside, to the literature.

18	15	16	120+
MODULES	SPECIALTY TRACKS	HANDS-ON DAYS	TEACHING HOURS



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ORGANISED BY STEMMAX™ RESEARCH & THERAPEUTICS PVT. LTD.



Prabhu Chandra Mishra

Founder President, IASRM · Programme Director (Scientific)

WELCOME

A Message from the Founder

Dear Colleague,

Medicine is moving from controlling symptoms towards restoring function. Platelet therapeutics, stem cell biology, extracellular vesicles, tissue engineering and longevity science are already part of clinical practice in many specialties. What is in short supply is structured, evidence-based training that lets a physician use them responsibly.

FSRM was built to provide exactly that: a full academic year that begins with the biology, moves through the products, applies them specialty by specialty, and ends with every fellow contributing original research.

I should be clear about my own role. I am a scientist and researcher, not a practising clinician. My responsibility is the curriculum, the evidence standard and the research requirement; procedures are taught by the practising physicians and surgeons who perform them. Keeping those roles separate is deliberate — it is what allows the programme to be candid about what the evidence does and does not yet support.

We invite you to join us. Welcome to IASRM. Welcome to the future.

PhD Researcher in Biotechnology (Stem Cell & Regenerative Medicine), Sharda University · Founder of IASRM, running the Longevity & Regenerative Medicine conferences since 2014

About IASRM

Advancing science. Inspiring innovation. Transforming healthcare.

The International Association of Stem Cell & Regenerative Medicine is a global academic and professional organisation dedicated to education, research and responsible clinical practice in regenerative and longevity medicine. Since 2014 it has convened international congresses, structured fellowships and hands-on workshops, and introduced the Longevity Revolution and Longevity Retreat formats to India.

OUR VISION

To be one of the world's leading academic organisations in regenerative medicine — empowering professionals through evidence-based education and global collaboration.

OUR MISSION

To deliver scientific rigour, clinical relevance and ethical leadership, so physicians can integrate regenerative approaches with the highest standards of patient safety.

3,000+
doctors, researchers, academicians & industry leaders trained & connected

20+
global faculty across five continents

2014
regenerative & longevity congresses since

3
IASRM fellowship tracks

WHAT WE DO

- IASRM Fellowships — Stem Cell & Regenerative Medicine; Anti-Ageing, Regenerative, Aesthetic & Functional Medicine; Functional, Regenerative & Aesthetic Gynaecology
- International congresses and world summits
- Consensus statements, guidelines and the Longevity Revolution journal
- Research, publication and editorial support

Why This Fellowship?

A full academic year — biology first, evidence always

01

Science first

Every application is grounded in mechanism and peer-reviewed evidence. Where evidence is weak, the curriculum says so.

02

15 specialty tracks

Indication-by-indication teaching — fertility and gynaecology to orthopaedics, pain, dermatology, aesthetics, plastic surgery and more.

03

16 days hands-on

Four supervised 4-day blocks at Sunrise Hospital, New Delhi — laboratory work, models, simulators and structured observation.

04

Mandatory research

Every fellow takes an original project from question to journal submission with a named supervisor.

05

Regulatory literacy

Indian and international frameworks taught directly, so you can state precisely where your own practice sits.

06

Global network

International faculty from five continents and a growing community of IASRM fellows.

THE HONEST POSITION

Not everything in this field is equally proven. Haematopoietic transplantation has been standard care for decades; many other applications rest on early data. FSRM teaches the difference — and how to explain it to a patient.

Programme at a Glance

Everything you need to know, on one page

Award	FSRM — Fellowship in Stem Cell & Regenerative Medicine, conferred by IASRM
Duration & intakes	12 months · intakes every February & August · February 2027 batch now enrolling
Live lectures	Batch A: Friday or Sunday, 8:00–10:00 PM IST · Batch B (Americas): Saturday, 9:00–11:00 AM Mexico City · every lecture recorded
Hands-on training	16 days in four 4-day blocks at Sunrise Hospital, New Delhi (NABH) · attending at least one block is mandatory; all four are included
Curriculum	10 core + 8 advanced modules · 15 specialty clinical tracks · 120+ teaching hours
Research	Original project with one-to-one supervision, to peer-reviewed journal submission
Assessment	Continuous assessment, case presentations, skills stations, written examination, viva voce
Eligibility	MBBS / MD / MS / BDS or equivalent; researchers considered on merit

AT GRADUATION YOU WILL BE ABLE TO

- Explain the cellular and molecular science behind regenerative medicine
- Critically appraise trials, products and emerging technologies
- Select indications, recognise contraindications and obtain informed consent
- Interrogate a biological product — source, dose, viability, provenance
- Design, conduct and publish original clinical or translational research
- Integrate regenerative approaches lawfully and responsibly into practice

The Academic Year

Four phases, twelve months — biology first, contribution last

I

MONTHS 1–3

Foundation

Modules 1–4 — stem cell biology, sources, tissue engineering. Supervisor allocated.

Milestone: Research question approved

II

MONTHS 4–6

Therapeutics

Modules 5–8, 11–12 — platelets, marrow & adipose, EVs, frontier, manufacturing, immunology.

Milestone: Protocol finalised; ethics submission

III

MONTHS 7–9

Application

Module 9 specialty tracks + Modules 13–17, applied in case discussions and hands-on blocks.

Milestone: Skills stations completed

IV

MONTHS 10–12

Contribution

Modules 10 and 18 — research, governance, practice. Manuscript and examinations.

Milestone: Manuscript submitted; exam; viva

Hands-on blocks run through the year in New Delhi. Fellows reach clinical application only once they can defend the biology — and complete the year by contributing to the evidence they have studied.

Teaching & Assessment

How you learn, and how you are evaluated

Live interactive lectures

Faculty sessions with Q&A and case discussion, all recorded.

Clinical case discussions

Multidisciplinary cases — including those where the right decision was not to treat.

Journal clubs

Every fellow leads at least two critical appraisals of landmark papers.

Research supervision

One-to-one supervisor meetings in every phase of the year.

Continuous	Attendance, participation, module quizzes, journal club leadership
Case presentations	Two formal presentations, assessed against a published rubric
Skills stations	Practical stations assessed during your hands-on block
Written examination	Core and advanced modules; reasoning weighted above recall
Viva voce	Structured oral examination before a faculty panel
Research capstone	Manuscript submitted to a peer-reviewed journal, with oral defence

Progression. All components must be completed satisfactorily. A fellow who does not meet the standard is offered structured remediation and one reassessment.

01

WHAT YOU WILL LEARN

The Curriculum

Eighteen modules. One direction — from the biology, through the products, into the clinic, and out again into the literature.

Curriculum Architecture

Eighteen modules · ten core, eight advanced

CORE CURRICULUM · MODULES 1–10

01 Foundations of Regenerative Medicine

02 Stem Cell Biology

03 Sources of Regenerative Therapeutics

04 Tissue Engineering & Biomaterials

05 Platelet Concentrates: PRP, PRF & Beyond

06 Bone Marrow & Adipose-Derived Biologics

07 Extracellular Vesicles & Exosome Science

08 Emerging Technologies & the Frontier

09 Clinical Indications — 15 Specialty Tracks

10 Research, Ethics & Clinical Governance

ADVANCED CURRICULUM · MODULES 11–18

11 Cell Manufacturing, GMP & Quality Control

12 Immunology & Safety Science

13 Regulatory Science & Clinical Trial Design

14 Organoids, Bioprinting & Advanced Constructs

15 Longevity, Epigenetics & Biological Age

16 Regenerative Reproductive Medicine

17 Neuroregeneration & Musculoskeletal Science

18 Practice, Ethics, Economics & Medico-Legal

EVERY MODULE FOLLOWS FIVE STEPS

Scientific basis → Technical content → Clinical translation → Evidence appraisal → Assessment

Core Curriculum · Phase I

The science on which everything else rests

01 CORE · PHASE I

Foundations of Regenerative Medicine

History, scope and future of the discipline — and why it differs in kind from conventional pharmacology and surgery.

SCIENTIFIC BASIS

- History of regenerative medicine and stem cell science
- Tissue homeostasis and wound-healing biology
- Regeneration versus repair — why most tissues scar
- The spectrum: platelet concentrates to gene therapy

CONTEXT & FRAMEWORK

- Global regulatory landscape in outline
- How commercial pressure distorts evidence
- Convergence with AI, precision and longevity medicine
- Reading a manufacturer claim critically

On completion: Define the discipline precisely and place any product within it.

Set reading — Regenerative Intelligence (Mishra); IASRM orientation pack

02 CORE · PHASE I

Stem Cell Biology

The biological foundation on which the entire discipline rests.

CELLULAR FOUNDATIONS

- Potency: totipotent to unipotent
- Self-renewal and differentiation pathways
- The stem cell niche
- Markers and the limits of surface-marker identity

SIGNALLING & AGEING

- Wnt, Notch, Hedgehog, TGF-β, mTOR
- Stem cell ageing and p16INK4a
- Senescence and the SASP
- Paracrine signalling versus engraftment

On completion: Explain what an administered cell actually does — usually paracrine signalling, not tissue replacement.

Set reading — Stem Cell & Regenerative Medicine (IASRM reference textbook)

Core Curriculum · Phase I

Sources, scaffolds and constructs

03 CORE · PHASE I

Sources of Regenerative Therapeutics

Biological sources compared on rationale, composition and evidence.

AUTOLOGOUS

- Bone marrow — HSC and MSC compartments
- Adipose — SVF, MSCs, pericytes
- Peripheral blood — platelets, mononuclear cells
- Dental pulp and minor sources

ALLOGENEIC & PERINATAL

- Umbilical cord and Wharton's jelly MSCs
- Placental and amniotic biologics
- Autologous vs allogeneic — immunology and regulation
- Donor screening, banking and traceability

On completion: Identify any product's source, likely composition and the documents you need before using it.

Set reading — IASRM source-characterisation guidance

04 CORE · PHASE I

Tissue Engineering & Biomaterials

Scaffolds, matrices and three-dimensional constructs for tissue restoration.

MATRIX & SCAFFOLD SCIENCE

- ECM composition and signalling
- Collagen, fibrin, hyaluronic acid, PLGA
- Decellularised matrices
- Degradation kinetics and host response

DELIVERY & APPLICATION

- Hydrogels as delivery vehicles
- Cells + scaffolds + bioactive molecules
- Vascularisation — the unsolved problem
- Bone, cartilage, skin and vascular constructs

On completion: Judge a scaffold on material science rather than marketing.

Set reading — Assigned biomaterials reviews

Core Curriculum · Phase II

The biologics fellows will use most

05 CORE · PHASE II

Platelet Concentrates: PRP, PRF & Beyond

The most widely used regenerative biologic — taught in unusual depth because fellows will use it most.

BIOLOGY & CLASSIFICATION

- PDGF, TGF-β, IGF-1, VEGF, EGF, FGF
- Leucocyte-rich versus leucocyte-poor
- Dohan, DeLong, PAW and MARSPILL systems
- PRF, i-PRF and CGF — fibrin architecture

PREPARATION & PRACTICE

- g-force, time, spins and temperature
- Anticoagulant choice — heparin, citrate, ACD-A
- Activation, concentration and dose-response
- Reporting your own preparation reproducibly

On completion: Characterise your own PRP numerically and classify it against published systems.

Set reading — PRP & Exosomes in Regenerative Aesthetic & Functional Gynaecology (Mishra); PRP Multispecialty Textbook (IASRM)

06 CORE · PHASE II

Bone Marrow & Adipose-Derived Biologics

The processing decisions that determine whether a preparation contains what its name implies.

BONE MARROW

- Aspiration anatomy, technique and safety
- Volume and the dilution problem
- BMAC processing and characterisation
- G-CSF mobilisation — rationale and evidence

ADIPOSE TISSUE

- SVF, pericytes, endothelial progenitors
- Microfat, nanofat, emulsified fat
- Enzymatic versus mechanical SVF
- Graft survival science

On completion: Specify a marrow or adipose protocol end to end and defend its manipulation category.

Set reading — Stem Cell & Regenerative Medicine in Infertility (Mishra, 2nd edn)

Core Curriculum · Phase II

The frontier — and where marketing outruns evidence

07 CORE · PHASE II

Extracellular Vesicles & Exosome Science

The fastest-moving frontier — and the one where marketing most outruns evidence.

VESICLE BIOLOGY

- Exosomes, microvesicles, apoptotic bodies
- Biogenesis and MISEV nomenclature
- Cargo: miRNA, proteins, lipids
- Paracrine control of inflammation and fibrosis

PRODUCTION & QUALITY

- Ultracentrifugation, SEC, TFF
- NTA, Western blot, flow cytometry
- Potency assays — why particle count is not enough
- Storage, cold chain, regulatory status

On completion: Read an exosome certificate of analysis and spot what is missing.

Set reading — MISEV guidance summary; IASRM position note on EVs

08 CORE · PHASE II

Emerging Technologies & the Frontier

What is clinical, what is in trial and what remains laboratory work.

GENETIC & CELLULAR ENGINEERING

- CRISPR, base and prime editing
- CAR-T and engineered cells
- iPSCs — derivation and barriers
- Gene-modified MSCs

REPROGRAMMING, DATA & LONGEVITY

- Partial reprogramming and Yamanaka factors
- Senolytics and NAD+ biology
- AI in discovery and age prediction
- Wearables and real-world data

On completion: Distinguish approved therapy, active trial and laboratory science.

Set reading — BIOREBOOT and The Longevity Atlas (Mishra)

CORE · PHASE III

Module 9 · Clinical Indications Across Specialties

The largest module of the fellowship

Fifteen specialty tracks, each mapping the indications for which regenerative approaches are used — and grading honestly how strong the evidence is. Fellows follow every track and elect one or two for deeper case work.

- 9.1 Reproductive Medicine & Fertility
- 9.2 Functional, Regenerative & Aesthetic Gynaecology
- 9.3 Orthopaedics & Sports Injuries
- 9.4 Pain Management & Interventional Spine
- 9.5 Dermatology & Trichology
- 9.6 Aesthetic Medicine & Facial Rejuvenation
- 9.7 Plastic, Reconstructive & Burns Surgery
- 9.8 Wound Care, Diabetic Foot & Vascular
- 9.9 Urology, Andrology & Sexual Medicine
- 9.10 Dentistry & Maxillofacial Surgery
- 9.11 Neurology & Rehabilitation
- 9.12 Ophthalmology & ENT
- 9.13 Haematology, Oncology & Immunology
- 9.14 Organ Systems: Cardio, Hepato, Renal, Endocrine
- 9.15 Longevity, Healthy Ageing & Internal Medicine

HOW TO READ THE EVIDENCE GRADE

Established	Standard of care, or an approved product / technique for this indication
Supported	Several RCTs or meta-analyses favour benefit; in routine specialist use
Emerging	Small RCTs or consistent case series; promising, not yet conclusive
Investigational	Early-phase or pilot data only. In India, any stem cell use here belongs inside an approved, monitored study
~~**Not supported**~~	Current trials do not show benefit, or the claim is marketed ahead of evidence

The Evidence Map

Highest evidence grade currently reached, by specialty and modality

	PRP / PRF	BMAC	ADIPOSE / FAT	EXOSOMES / EVS	EXPANDED MSCS	OTHER CELL / GENE
Fertility	Emerging	Investigational	·	Investigational	Investigational	·
Gynaecology	Emerging	·	Emerging	Investigational	Investigational	·
Orthopaedics	Supported	Emerging	Emerging	Investigational	Investigational	Established
Pain	Emerging	Investigational	·	·	Investigational	·
Dermatology	Supported	·	·	Investigational	·	Established
Aesthetics	Emerging	·	Established	Not supported	Not supported	·
Plastic	Emerging	·	Established	·	Investigational	Established
Wound & Vascular	Supported	Emerging	Emerging	·	Established	Established
Urology	Investigational	Investigational	Investigational	·	Investigational	Investigational
Dental	Supported	Emerging	·	·	Investigational	Established
Neurology	Emerging	·	·	·	Investigational	Supported
Eye & ENT	Supported	·	Investigational	·	·	Established
Haem / Onc	·	·	·	·	Established	Established
Organ systems	·	Investigational	·	·	Investigational	Established
Longevity	·	·	·	Investigational	Investigational	Not supported

KEY

- Established
- Supported
- Emerging
- Investigational
- Not supported
- · Not a current application

READ THIS CORRECTLY

A grade describes the strongest single indication in that cell, not every use of the modality. Each specialty page lists indications individually.

MODULE 9 · SPECIALTY TRACK

9.1

Reproductive Medicine & Fertility

The most active and most scrutinised area of regenerative clinical work. Taught alongside the IVF pathway, never as a substitute for it.

> THE HONEST POSITION
>
> *No regenerative intervention restores ovarian reserve with certainty. Fellows learn to quote probability, not possibility.*

Track faculty: Dr Nahla El Awady · Dr Noha Salah · Dr Nikita Trehan

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Thin / refractory endometrium	Intrauterine autologous PRP; G-CSF	Emerging	Thickness gains reported; pregnancy data heterogeneous
Recurrent implantation failure	Intrauterine PRP or autologous PBMC	Emerging	Small RCTs; select carefully, report live birth
Asherman syndrome / adhesions	PRP or amniotic membrane after adhesiolysis	Emerging	Adjunct to hysteroscopic surgery, not a replacement
Diminished ovarian reserve / poor responders	Intra-ovarian autologous PRP	Emerging	Mixed RCT results; counsel on probability
Premature ovarian insufficiency	Autologous BMAC — O-Cell® protocol	Investigational	Research setting; documented, auditable protocol
Male factor — severe oligo / azoospermia	Testicular PRP; spermatogonial stem cell work	Investigational	Laboratory and pilot stage
Adjunct optimisation	G-CSF, vitamin D, nutritional and peptide support	Emerging	Evidence reviewed component by component

IN THIS TRACK YOU LEARN

- Patient selection at the interface with ART
- Timing PRP and cellular work around IVF cycles
- Reporting live birth rate, not just pregnancy rate
- Consent and counselling for vulnerable couples

MODULE 9 · SPECIALTY TRACK

9.2

Functional, Regenerative & Aesthetic Gynaecology

Platelet, adipose and energy-based therapies for the pelvic floor, vulvovaginal tissues and menopause, taught with the IASRM guideline volumes.

THE HONEST POSITION

Menopause hormone therapy and pelvic floor rehabilitation remain foundations; biologics are taught as additions.

Track faculty: Dr Adrian Gaspar · Dr Martha Gabriela Serrano · Dr Nahla El Awady · Dr Noha Salah

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Genitourinary syndrome of menopause	PRP ± hyaluronic acid; CO_2 / Er:YAG laser; RF	Emerging	Promising; sham-controlled data still limited
Stress urinary incontinence (female)	Peri-urethral PRP; vaginal laser	Emerging	Adjunct to pelvic floor therapy
Vulvar lichen sclerosus	PRP; autologous fat / nanofat grafting	Emerging	Topical steroid remains first line
Vulvovaginal laxity	Energy-based devices; PRP	Emerging	Patient-reported endpoints dominate
Labial / vulvar volume loss	Autologous fat grafting; HA	Emerging	Technique-dependent outcomes
Bladder pain syndrome	Intravesical PRP	Emerging	Small series and pilot RCTs
Perineal / episiotomy wound healing	PRP / PRF application	Emerging	Reduced pain and dehiscence in trials
Female sexual function (arousal)	High-density PRP (hd-PRP Intimashot® protocol)	Investigational	Validated questionnaires only

IN THIS TRACK YOU LEARN

- Classifying and documenting your PRP for intimate use
- Choosing between biologic and energy-based routes
- Validated outcome tools (FSFI, VHI, ICIQ)
- Sensitive consent and chaperone standards

MODULE 9 · SPECIALTY TRACK

9.3

Orthopaedics & Sports Injuries

The specialty with the deepest trial literature in orthobiologics — and therefore the best place to learn how to read a meta-analysis honestly.

> THE HONEST POSITION
>
> *Fellows leave able to explain why PRP helps the elbow and the knee but not, on current evidence, the Achilles.*

Track faculty: Dr Prateek Singh · Dr Rahul Kumar

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Knee osteoarthritis (mild–moderate)	Intra-articular leucocyte-poor PRP	Supported	Meta-analyses favour PRP over HA at 6–12 months
Lateral epicondylopathy	Leucocyte-rich PRP	Supported	Benefit grows beyond 3 months
Plantar fasciopathy	PRP	Supported	Comparable or superior to steroid at 6 months
Rotator cuff repair augmentation	PRP / PRF at the repair site	Supported	Lower re-tear rates in pooled data
Focal cartilage defects	Autologous chondrocyte implantation	Established	Approved cell products in several jurisdictions, incl. India
Knee OA — cellular	BMAC; microfragmented adipose tissue	Emerging	Not yet shown superior to PRP
Avascular necrosis, femoral head	Core decompression + BMAC	Emerging	Best in pre-collapse stages
Non-union / bone defects	BMAC with scaffold	Emerging	Surgical fixation remains primary
Achilles tendinopathy · hamstring strain	PRP	~~Not supported~~	Large RCTs show no added benefit

IN THIS TRACK YOU LEARN

- Ultrasound-guided injection on models
- Loading and rehabilitation after biologics
- Matching the preparation to the tissue
- Functional endpoints: KOOS, WOMAC, VISA

MODULE 9 · SPECIALTY TRACK

9.4

Pain Management & Interventional Spine

Regenerative injection therapies in the hands of the interventional pain physician, with image guidance as a non-negotiable standard.

> THE HONEST POSITION
>
> *A regenerative injection is only as good as the diagnosis behind it. Imaging, examination and diagnostic blocks come first.*

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Sacroiliac joint dysfunction	Image-guided PRP	Emerging	Longer durability than steroid in small RCTs
Lumbar facet joint pain	Intra-articular PRP	Emerging	Compared against steroid and RFA
Discogenic low back pain	Intradiscal PRP	Emerging	Pilot and single-centre RCT data
Discogenic pain — cellular	Intradiscal BMAC or MSC	Investigational	Trial setting only
Knee OA pain	Dextrose prolotherapy; PRP; genicular approaches	Emerging	Prolotherapy has modest RCT support
Carpal tunnel / entrapment neuropathy	Perineural PRP or 5% dextrose hydrodissection	Emerging	Ultrasound-guided only
Myofascial and chronic tendon pain	PRP; prolotherapy	Emerging	Diagnosis precision decides outcome
CRPS · post-herpetic neuralgia	Biologic injection approaches	Investigational	Insufficient human data

IN THIS TRACK YOU LEARN

- Fluoroscopic and ultrasound guidance principles
- Pain phenotyping before biologics
- Combining biologics with rehabilitation
- Outcome capture: NRS, ODI, PROMIS

MODULE 9 · SPECIALTY TRACK

9.5 Dermatology & Trichology

Hair restoration, pigment and scar — where PRP has its most consistent dermatological evidence, and where exosome marketing is currently loudest.

> THE HONEST POSITION
>
> *PRP adds to, but does not replace, proven medical therapy for androgenetic alopecia.*

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Androgenetic alopecia (male & female)	PRP series ± minoxidil / finasteride	Supported	Hair density gains in meta-analyses
Hair transplant adjunct	PRP holding solution / post-graft PRP	Emerging	Graft survival and healing data
Alopecia areata	PRP	Emerging	Compared with intralesional steroid
Atrophic acne scars	PRP with microneedling or fractional laser	Supported	Additive benefit over device alone
Stable vitiligo	Non-cultured epidermal cell suspension	Established	Established autologous cell technique
Vitiligo — adjunct	PRP with NB-UVB	Emerging	Repigmentation speed
Melasma · striae	PRP; microneedling	Emerging	Small RCTs
Hair loss — exosome products	Topical / injected EVs	Investigational	No approved product; quality varies widely

IN THIS TRACK YOU LEARN

- Trichoscopy and standardised photography
- Preparation variables that change hair outcomes
- Combination with medical therapy
- Reading an exosome certificate of analysis

MODULE 9 · SPECIALTY TRACK

9.6

Aesthetic Medicine & Facial Rejuvenation

Autologous biostimulation in a field dominated by products. Fellows learn to set expectations precisely and to photograph honestly.

> **THE HONEST POSITION**
>
> *If a result cannot be photographed honestly under standard conditions, it should not be promised.*

Track faculty: Dr Martha Gabriela Serrano

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Facial volume loss	Autologous fat grafting	Established	Long-established; technique-dependent survival
Skin quality / photoageing	Injectable PRP / i-PRF; microneedling	Emerging	Texture and elasticity gains in small RCTs
Fine texture, scars, under-eye	Nanofat; PRF	Emerging	Cellular content variable by method
Infra-orbital hollowing	PRF; microfat	Emerging	Safety-critical anatomy
Hand and neck rejuvenation	Fat grafting; PRP	Emerging	Combination common
Post-laser / post-procedure recovery	PRP; topical growth factors	Emerging	Shorter downtime reported
Regenerative biostimulators	PLLA / CaHA (device comparators)	Established	Approved devices — taught as comparators
“Stem cell facials” · IV drips for skin	Marketed cell / EV products	~~Not supported~~	No credible evidence; regulatory risk

IN THIS TRACK YOU LEARN

- Facial danger zones and vascular safety
- Standardised photography and consent
- Biologic versus device decision-making
- Complication recognition and rescue

MODULE 9 · SPECIALTY TRACK

9.7

Plastic, Reconstructive & Burns Surgery

Regenerative surgery's longest-standing home: fat, skin and matrix — including cell-based burn products already standard in specialist centres.

THE HONEST POSITION

Mechanical processing and enzymatic SVF sit in different regulatory categories. Fellows learn to state which one they practise.

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Contour defects, breast reconstruction	Autologous fat grafting	Established	Standard reconstructive technique
Radiation-damaged tissue	Fat grafting	Supported	Improved tissue quality and pain
Burns — extensive	Cultured epidermal autografts; autologous cell spray	Established	Approved products in specialist burns care
Dermal reconstruction	Acellular dermal matrices	Established	Widely used regulated devices
Hypertrophic scar, contracture	Fat grafting; PRP	Emerging	Scar quality improvements
Peripheral nerve gaps	Nerve conduits / processed allograft	Established	For defined gap lengths
Cell-assisted lipotransfer (SVF-enriched)	Enzymatic SVF with fat graft	Investigational	More than minimal manipulation
Lymphoedema	Adipose-derived cells	Investigational	Pilot data only

IN THIS TRACK YOU LEARN

- Harvest, processing and placement science
- Fat survival and why grafts resorb
- Fat embolism and complication prevention
- Manipulation category and regulatory status

MODULE 9 · SPECIALTY TRACK

9.8

Wound Care, Diabetic Foot & Vascular

Chronic wounds are where autologous platelet products earn their most practical value — and where vascular status decides everything.

> THE HONEST POSITION
>
> *No biologic heals an ischaemic, infected or un-offloaded wound. The basics are taught first.*

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Diabetic foot ulcer	Autologous leucocyte-platelet-fibrin patch; PRP gel	Supported	Faster closure in RCTs, after offloading
Hard-to-heal ulcers	Amniotic / placental membrane allografts	Supported	RCT support for selected ulcers
Venous leg ulcer	PRP with compression	Emerging	Compression is the foundation
Pressure injury · radiation ulcer	PRP; fat grafting	Emerging	Case series and small RCTs
No-option critical limb ischaemia	Approved allogeneic MSC product (defined indications)	Established	Approved in India for specified CLI indications
CLI — autologous cellular	BMAC / BM mononuclear cells	Emerging	Mixed RCT outcomes
Epidermolysis bullosa	Gene-corrected keratinocyte grafts; topical gene therapy	Established	Approved abroad — taught as frontier
Chronic pilonidal sinus	PRP after excision	Emerging	Healing time reduced

IN THIS TRACK YOU LEARN

- Wound bed preparation before any biologic
- Vascular assessment and when to refer
- Infection control and offloading
- Measuring area, time-to-closure and recurrence

MODULE 9 · SPECIALTY TRACK

9.9

Urology, Andrology & Sexual Medicine

A heavily marketed area in which patient demand far outruns trial data — taught with particular emphasis on counselling and expectation.

> THE HONEST POSITION
>
> *Fellows learn to decline treatment when the evidence and the patient's expectation do not meet.*

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Vasculogenic erectile dysfunction	Low-intensity shockwave therapy	Emerging	Best in mild disease
Erectile dysfunction — biologic	Intracavernosal PRP	Investigational	RCTs conflicting
Erectile dysfunction — cellular	Adipose or BM-derived cells	Investigational	Phase I / II only
Peyronie's disease	PRP; traction; collagenase (comparator)	Investigational	Biologic data pilot-stage
Post-prostatectomy incontinence	Autologous muscle-derived cells	Investigational	Trial setting
Interstitial cystitis	Intravesical PRP	Emerging	Small RCTs
Male genital lichen sclerosus	PRP; fat grafting	Emerging	Case series

IN THIS TRACK YOU LEARN

- Penile Doppler and phenotyping
- Validated tools: IIEF, SHIM, IPSS
- Interface with andrology and endocrinology
- Ethics of marketing in sexual medicine

MODULE 9 · SPECIALTY TRACK

9.10

Dentistry & Maxillofacial Surgery

Platelet-rich fibrin is now part of everyday oral surgery, and regenerative endodontics is an established discipline.

THE HONEST POSITION

The protocol you use should be reproducible by the next clinician from your own documentation.

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Socket preservation / extraction sites	L-PRF / A-PRF	Supported	Better soft-tissue and bone healing
Third molar surgery	PRF in the socket	Supported	Less pain, swelling, alveolar osteitis
Sinus floor augmentation	PRF ± graft material	Supported	Comparable outcomes, faster healing
Periodontal intrabony defects	Enamel matrix derivative; PRF	Established	Established regenerative periodontics
Immature necrotic teeth	Regenerative endodontic procedures	Established	Established clinical protocols
MRONJ · osteoradionecrosis	L-PRF	Emerging	Promising case series
TMJ osteoarthritis	Arthrocentesis + PRP / HA	Emerging	Small RCTs
Dental pulp stem cell therapy	Culture-expanded DPSCs	Investigational	Laboratory and early clinical

IN THIS TRACK YOU LEARN

- PRF protocols and centrifuge settings
- Membrane and plug preparation, hands-on
- Bone graft biology
- Implant site planning

MODULE 9 · SPECIALTY TRACK

9.11

Neurology & Rehabilitation

The domain where hope most often outruns evidence. Fellows learn what families are being sold — and what the data actually support.

> **THE HONEST POSITION**
>
> *A family's hope is not a consent form. This track teaches how to say no well.*

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Highly active relapsing MS	Autologous haematopoietic stem cell transplantation	Supported	Specialist centres only
Peripheral nerve injury	Conduits; PRP augmentation	Emerging	Surgical repair primary
Spinal cord injury	MSC / Schwann / neural cells	Investigational	Trials ongoing
Ischaemic stroke	MSC; BM mononuclear cells	Investigational	Neutral or mixed trials so far
Parkinson's disease	Stem cell-derived dopaminergic neurons	Investigational	Early trials — scientifically exciting
ALS · diabetic neuropathy	Cellular approaches	Investigational	Insufficient evidence
Autism · cerebral palsy	Marketed "stem cell therapy"	~~Not supported~~	Not recommended in India; no approved indication

IN THIS TRACK YOU LEARN

- Neuroprotection versus neuroregeneration
- Trial literacy for families
- Rehabilitation endpoints
- Recognising exploitative offers

MODULE 9 · SPECIALTY TRACK

9.12

Ophthalmology & ENT

Ophthalmology holds some of the clearest regenerative successes in medicine — several of them pioneered in India.

THE HONEST POSITION

Ocular surface regeneration is proof the field can deliver — under strict protocols.

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Limbal stem cell deficiency	SLET / cultivated limbal epithelial transplantation	Established	Established; SLET developed in India
Persistent epithelial defects	Amniotic membrane; autologous serum / PRP drops	Established	Established ocular surface care
Severe dry eye	Autologous serum or PRP eye drops	Supported	Effective in refractory disease
Macular hole surgery	Autologous platelet adjunct	Emerging	Closure-rate data
AMD · retinitis pigmentosa	ESC / iPSC-derived RPE	Investigational	Early-phase trials
Tympanic membrane perforation	PRP / fibrin-assisted myringoplasty	Emerging	Closure and hearing outcomes
Post-viral smell loss	Intranasal PRP	Emerging	Small RCT support
Vocal fold scar	Fat / cell-based injection	Investigational	Pilot data

IN THIS TRACK YOU LEARN

- Autologous drop preparation and sterility
- Ocular surface assessment
- Where regenerative ophthalmology began
- Regulatory status of cell-based ocular products

MODULE 9 · SPECIALTY TRACK

9.13

Haematology, Oncology & Immunology

Where cell therapy is already mainstream. Every regenerative practitioner needs to understand it — and its safety lessons.

THE HONEST POSITION

Haematology shows what rigorous cell therapy looks like: manufacture, release testing, registries and follow-up.

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Haematological malignancy, marrow failure	Haematopoietic stem cell transplantation	Established	Decades of standard of care
Thalassaemia · sickle cell disease	HSCT; gene-edited autologous cells	Established	Approved gene therapies abroad
B-cell malignancies	CAR-T cell therapy	Established	Approved, including an Indian product
Steroid-refractory acute GvHD	MSC therapy	Established	Approved product (paediatric, US)
Systemic sclerosis (severe)	Autologous HSCT	Supported	Survival benefit in RCTs
Refractory lupus · autoimmunity	CAR-T for autoimmunity	Investigational	Early, striking case series
Cancer survivors seeking biologics	Oncological screening before any biologic	Established	Absolute contraindications taught

IN THIS TRACK YOU LEARN

- HSCT principles for non-haematologists
- Proliferation and malignancy risk screening
- Cell product release testing
- What CAR-T teaches about manufacture and safety

MODULE 9 · SPECIALTY TRACK

9.14

Organ Systems: Cardio, Hepato, Renal, Endocrine

Large unmet needs, intense research and few approved answers — taught as a literacy track so fellows can advise and refer accurately.

> THE HONEST POSITION
>
> *The withdrawal of an approved MSC product is one of the most instructive case studies in the curriculum.*

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Type 1 diabetes (selected)	Islet transplantation	Established	Specialist centres; immunosuppression needed
Type 1 diabetes	Stem cell-derived islets	Investigational	Late-stage trials — frontier
Heart failure / post-MI	MSC; BM mononuclear cells	Investigational	Largely neutral outcome trials
Refractory angina	CD34+ cell therapy	Investigational	Phase II signals
Decompensated cirrhosis · ACLF	G-CSF; autologous BM cells	Investigational	Mixed trials, including in India
Chronic kidney disease	MSC therapy	Investigational	Early-phase
Perianal Crohn's fistula	Allogeneic adipose MSC	~~Not supported~~	Approved in EU 2018; withdrawn 2024 after confirmatory trial failed
COPD · interstitial lung disease	MSC therapy	Investigational	Early-phase

IN THIS TRACK YOU LEARN

- Reading organ-level cell therapy trials
- Why approval can be withdrawn
- Referral to registered trials
- Explaining the gap to patients

MODULE 9 · SPECIALTY TRACK

9.15

Longevity, Healthy Ageing & Internal Medicine

Where regenerative medicine meets longevity science — genuine biology, rapid progress and a high volume of commercial overclaim.

> THE HONEST POSITION
>
> *Stem cell-based rejuvenation is worth studying under strict control; an IV drip in a lounge is not that.*

CLINICAL INDICATION	REGENERATIVE APPROACH	EVIDENCE	NOTE
Biological age assessment	Epigenetic clocks; composite biomarker panels	Emerging	Research tools; interpret with care
Sarcopenia · frailty	Resistance training, protein, vitamin D	Established	Foundation of any longevity plan
Sarcopenia · frailty — cellular	MSC therapy	Investigational	Phase I / II only
Senescence burden	Senolytics (dasatinib + quercetin, fisetin)	Investigational	Human outcome data limited
NAD+ and mitochondrial support	Precursors; IV NAD+	Emerging	Biomarker changes; outcomes unproven
Menopause and andropause	Hormone therapy (interface)	Established	Evidence-based where indicated
Partial epigenetic reprogramming	Yamanaka-factor approaches	Investigational	Preclinical — the honest timeline
IV "stem cell drips" for anti-ageing	Marketed cell infusions	~~Not supported~~	No evidence of benefit; real risk

IN THIS TRACK YOU LEARN

- Building a defensible biomarker panel
- Lifestyle physiology without overreach
- Selling longevity ethically
- Tightly controlled cellular rejuvenation research

Research, Governance & Manufacturing

Core Module 10 and the first of the advanced modules

10 CORE · PHASE IV

Research, Ethics & Clinical Governance

Equipping fellows to advance the field, not merely consume it.

RESEARCH METHOD

- RCTs, cohorts, case series
- Biostatistics for clinicians
- Sample size and power
- Systematic review and meta-analysis

PUBLICATION & GOVERNANCE

- Manuscript writing and journal selection
- CONSORT, STROBE, PRISMA
- Ethics committees and Helsinki
- Recognising predatory journals

On completion: Submit an original manuscript and defend it orally.

Set reading — IASRM research handbook

11 ADVANCED · PHASE II

Cell Manufacturing, GMP & Quality Control

Where cells come from before they reach a syringe.

MANUFACTURING SCIENCE

- GMP for cell and tissue products
- Cleanrooms and aseptic simulation
- Point-of-care versus centralised
- Passage number and senescence

CHARACTERISATION & RELEASE

- Identity panels and flow cytometry
- Viability and potency assays
- Sterility, endotoxin, mycoplasma
- Batch records and traceability

On completion: Audit a supplier and refuse a product on documented grounds.

Set reading — IASRM manufacturing & QC primer

Advanced Curriculum · Phases II–III

Safety science and the regulator

12 ADVANCED · PHASE II

Immunology & Safety Science

The immunological consequences of putting cells and vesicles into a person.

IMMUNOLOGICAL BASIS

- Innate and adaptive responses
- MSC immunomodulation and licensing
- HLA and alloimmunisation
- IBMIR in intravascular delivery

SAFETY & PHARMACOVIGILANCE

- Embolism, infection, ectopic tissue
- Tumourigenicity screening
- Route-specific risk
- Adverse event reporting

On completion: Consent a patient to real, route-specific risks.

Set reading — Published adverse-event series

13 ADVANCED · PHASE III

Regulatory Science & Clinical Trial Design

Where most regenerative practices are exposed — and how to locate your own work correctly.

REGULATORY FRAMEWORKS

- Minimal manipulation and homologous use
- ICMR–DBT National Guidelines; NDCT Rules 2019
- CDSCO, FDA and EMA ATMP pathways
- Compassionate use and its limits

TRIAL DESIGN & CONDUCT

- Phases for cell and gene therapy
- Controls and blinding in procedures
- Endpoints and registration
- Good Clinical Practice

On completion: State and defend the regulatory category your practice occupies.

Set reading — IASRM regulatory briefing note

Advanced Curriculum · Phase III

The engineering frontier and the biology of ageing

14 ADVANCED · PHASE III

Organoids, Bioprinting & Advanced Constructs

The engineering frontier, placed on a realistic clinical timeline.

ADVANCED CONSTRUCTS

- Organoids and disease modelling
- Organ-on-chip systems
- 3D bioprinting and bioinks
- Whole-organ decellularisation

TRANSLATIONAL REALITY

- What has reached patients
- Scale-up and cost
- Xenotransplantation status
- Reading a bioprinting press release

On completion: Place any headline claim on a realistic timeline.

Set reading — Assigned reviews

15 ADVANCED · PHASE III

Longevity, Epigenetics & Biological Age

Genuine biology, rapid progress — and a high volume of overclaim.

BIOLOGY OF AGEING

- Hallmarks of ageing
- Horvath, PhenoAge, GrimAge, DunedinPACE
- Senolytics and senomorphics
- Mitochondria and NAD+

CLINICAL LONGEVITY PRACTICE

- Defensible biomarker panels
- Outcome data versus plausibility
- Partial reprogramming timeline
- Ethics of selling longevity

On completion: Build a longevity assessment on defensible measures.

Set reading — The Healthspan Standard, BIOREBOOT, The Longevity Atlas (Mishra)

Advanced Curriculum · Phase III

Reproduction, nerves and joints

16 ADVANCED · PHASE III

Regenerative Reproductive Medicine

The advanced companion to the fertility and gynaecology tracks of Module 9.

FEMALE REPRODUCTIVE

- Ovarian ageing as a pacemaker of ageing
- POI — BMAC and the O-Cell® protocol
- Endometrial regeneration
- GSM — platelet, cellular, energy

WIDER CONTEXT

- Male factor evidence
- Fertility preservation and ART interface
- Live birth as the honest endpoint
- Research ethics in reproduction

On completion: Design and document a reproductive protocol and counsel on probability.

Set reading — Stem Cell & Regenerative Medicine in Infertility (Mishra)

17 ADVANCED · PHASE III

Neuroregeneration & Musculoskeletal Science

One domain where evidence is strongest, one where hope most outruns it.

NEUROREGENERATION

- Why the CNS is different
- Neuroprotection vs regeneration
- Spinal cord and stroke trials
- Peripheral nerve repair

ADVANCED MUSCULOSKELETAL

- Cartilage and chondrogenesis
- Whole-joint model of OA
- Tendinopathy pathophysiology
- Staged combination protocols

On completion: Counsel neurological patients honestly; manage MSK cases to a functional endpoint.

Set reading — Assigned trial literature

Advanced Curriculum · Phase IV

Setting up and protecting a responsible regenerative service

18 ADVANCED · PHASE IV

Practice, Ethics, Economics & Medico-Legal

Setting up and protecting a responsible regenerative service.

RESPONSIBLE PRACTICE

- Facility, equipment, SOPs
- Supplier due diligence
- Consent architecture
- Outcome registries and audit

ETHICS, LAW & ECONOMICS

- Medico-legal exposure
- Pricing and conflicts of interest
- Advertising standards
- Working with media

On completion: Leave with a practice framework you can defend.

Set reading — IASRM practice governance pack



02

HOW YOU WILL TRAIN

Hands-on Training

Sixteen supervised days in New Delhi — four blocks of four days. Attend at least one; all four are included.

Inside a Hands-on Block

Four consecutive days at Sunrise Hospital, Kalindi Colony, New Delhi (NABH-accredited)

BLOCK 1	BLOCK 2	BLOCK 3	BLOCK 4
4 days	4 days	4 days	4 days

Day 1 — Laboratory & platelet science

Aseptic technique, biosafety and centrifugation science; prepare and measure your own platelet concentrate.

Day 2 — Marrow, adipose & characterisation

Aspiration anatomy on models, BMAC and SVF workflows, nanofat demonstration; cell counting, viability and reading a certificate of analysis.

Day 3 — Delivery & specialty streams

Injection technique on models and simulators, ultrasound guidance, dose and volume planning; parallel streams by elected specialty.

Day 4 — Observation & assessment

Structured observation of procedures by the treating clinician, complications session, case presentations, skills stations and research supervision clinic.







What this training is — and is not. Educational exposure: laboratory work, anatomical models and simulators, anonymised cases and structured observation. Fellows do not administer cell-based or biological products to patients. Observed procedures are performed by the treating clinician under the host institution's approvals, protocols and patient consent. Specialty streams rotate across blocks, so attending more blocks broadens your exposure.

The Research Pathway

Every fellow contributes to the evidence base

Month 2	Supervisor allocated; research question approved
Month 3	Systematic literature search; gap statement
Month 5	Protocol finalised — design, endpoints, sample size, statistics
Month 6	Ethics submission lodged
Months 7–9	Data collection and supervision clinics
Month 10	Analysis complete; first full draft
Month 11	Internal peer review; journal selection
Month 12	Manuscript submitted; oral defence; capstone presentation

SUPPORT PROVIDED

- Named one-to-one research supervisor
- Statistical support and internal peer review
- Scientific writing workshops
- Opportunity to present at IASRM congresses
- Publishing pathway via the Longevity Revolution journal and other peer-reviewed titles

Please note. The fellowship requires submission to a peer-reviewed journal and supports fellows fully to that point. Acceptance is decided by the journal and cannot be guaranteed by IASRM.

Prescribed Texts

The FSRM reading library — authored or edited within the IASRM academic community

Stem Cell & Regenerative Medicine in Infertility	Modules 6, 9, 16
Clinical Practice Guidelines for Functional & Regenerative Aesthetic Gynaecology	Modules 9, 16
Platelet-Rich Plasma — A Multispecialty Textbook (in preparation)	Modules 5, 9
Regenerative Intelligence	Module 1
The Healthspan Standard	Module 15
Reborn	Module 9
PRP & Exosomes in Regenerative Aesthetic & Functional Gynaecology	Modules 5, 7, 9, 16
Regenerative Aesthetic & Functional Gynaecology — Guidelines & Protocols	Modules 9, 16
Stem Cell & Regenerative Medicine — Reference Textbook (in preparation)	Modules 2, 3, 6
BIOREBOOT	Modules 8, 15
The Longevity Atlas	Modules 8, 15, 18

Also included — IASRM consensus statements and position notes, reporting-standard checklists, regulatory guidance and the full recorded lecture archive.

Programme Leadership

Convened by scientists. Taught by clinicians.



FOUNDER PRESIDENT · PROGRAMME DIRECTOR

Prabhu Chandra Mishra

India · scientist, not a practising clinician



SCIENTIFIC CHAIRMAN

Dr Red M Alinsod

USA



SCIENTIFIC CO-CHAIRMAN

Dr Adrian Gaspar

Argentina



SENIOR FACULTY & VICE PRESIDENT

Dr Martha Gabriela Serrano

Mexico



SENIOR FACULTY & ASSOC. VICE PRESIDENT

Dr Nahla El Awady

UAE · Obstetrics & gynaecology



SENIOR FACULTY & EXECUTIVE BOARD

Dr Noha Salah

Egypt · Obstetrics & gynaecology

20+

global faculty and mentors across the Americas, Europe, the Middle East and Asia — so fellows learn many schools of practice, not one person's way.

Clinical Faculty

Procedures are taught by the practising physicians and surgeons who perform them



CLINICAL FACULTY

Dr Nikita Trehan

Obstetrics & gynaecology; laparoscopic surgery



CLINICAL FACULTY

Dr Prateek Singh

Orthopaedic surgery

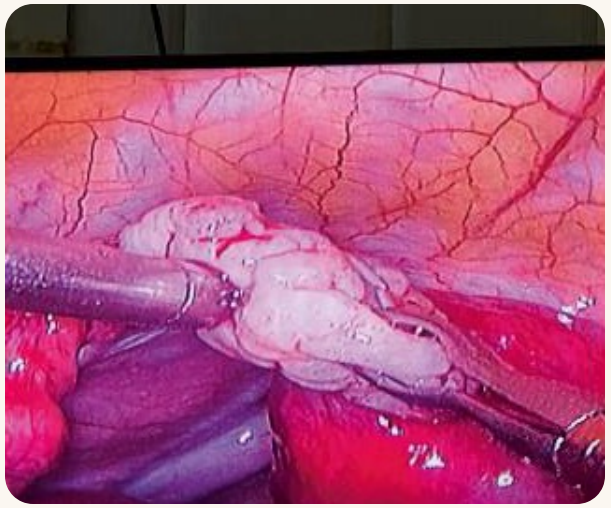


CLINICAL FACULTY

Dr Rahul Kumar

Orthopaedic surgery

IASRM office bearers 2027–2029: Prabhu Chandra Mishra (President) · Dr Martha Gabriela Serrano Ramos (Vice-President) · Dr Nahla El Awady (Associate Vice President) · Dr Swagata Baishya (Assistant Vice President) · Dr Yukti Wadhawan (General Secretary) · Dr Noha Salah and Dr Neharika Malhotra (Joint Secretaries)



Visiting faculty. Additional visiting specialists teach individual specialty tracks and hands-on blocks.

Scientific Committee & What You Receive

The IASRM Scientific Committee 2027–2029 guides academic direction, congress science and consensus work

SCIENTIFIC COMMITTEE

- Dr Red M Alinsod — Chairman
- Dr Adrian Gaspar — Co-Chairman
- Padma Shri awardee Dr Manjula Anagani
- Dr Annalisa Calisti
- Dr Ksenija Selih Martinec
- Dr Marco Gaxiola Cueto
- Dr Doaa Saleh
- Dr Daryl J Dumdum
- Dr Gaurav Narad
- Dr Veronica Stanciu
- Dr Cosmina Brummer
- Dr Ljubiša Grujić
- Dr Ihsan Naimat

ACADEMIC & PRACTICAL

- 120+ hours of live instruction plus recordings
- Module workbooks and prescribed texts
- 16 days of supervised hands-on training (4 blocks)
- SOP, consent and supplier checklists

RESEARCH & PROFESSIONAL

- Named one-to-one research supervisor
- Writing workshops and internal peer review
- FSRM certification on completion
- IASRM fellow network and congress access



Who Should Apply

Designed for professionals seeking an education, not only a certificate

01 Obstetricians, gynaecologists and fertility specialists

02 Orthopaedic surgeons and sports medicine physicians

03 Pain physicians and anaesthesiologists

04 Dermatologists and aesthetic physicians

05 Plastic and reconstructive surgeons

06 Dental and maxillofacial surgeons

07 Physicians in internal medicine, geriatrics and longevity

08 Researchers and medical academicians

THE FSRM PHILOSOPHY

Learn the science
Understand the biology before the procedure.

Think critically
Weigh evidence — including evidence you would prefer to be true.

Practise ethically
Know indications, boundaries and regulation.

Contribute
Add to the evidence base through original research.

A Fellowship You Belong To

Annual congresses, convocation ceremonies and a network that continues long after the year ends



FELLOWSHIP CONVOCATION · LONGEVITY REVOLUTION 2025





Collaborations & Partners

The academic, clinical and scientific partnerships behind your fellowship year

KNOWLEDGE, RESEARCH & EVENT PARTNER

STEMMAX™ RESEARCH & THERAPEUTICS PVT. LTD.

Stemmax Research & Therapeutics Pvt Ltd

Organises and manages every IASRM fellowship

CLINICAL COLLABORATION · HANDS-ON VENUE

SUNRISE HOSPITAL experience·expertise·care

Sunrise Hospital, Delhi

NABH-accredited · clinical collaboration MOU

CLINICAL COLLABORATION

Carewell Medical Centre

Delhi · clinical collaboration

CLINICAL COLLABORATION

NewLife Surgery

Clinical collaboration

INDUSTRY–ACADEMIA COLLABORATION

Sharda University, Agra

MOU with Stemmax Research & Therapeutics for research, training and academic development

SOLAGEF Sociedad Latinoamericana de Ginecología Estética y Funcional

INDO–LATIN AMERICAN SCIENTIFIC COLLABORATION

SOLAGEF

Sociedad Latinoamericana de Ginecología Estética y Funcional

PSRM

INDO–PHILIPPINES SCIENTIFIC COLLABORATION

PSRM

Philippine Society for Regenerative Medicine

The FSRM is designed and awarded by IASRM. Collaborations cover the areas stated; partner institutions do not by themselves accredit or award the fellowship.

The IASRM Ecosystem

One association — congresses, a journal, an institute and a standard, all open to IASRM fellows

LONGEVITY REVOLUTION™

Longevity Revolution

IASRM's annual world congress — fellows present, network and attend at a reduced rate.

THE HEALTHSPAN STANDARD™
NEW DELHI

The Healthspan Standard

International conference on longevity, regenerative and functional medicine, New Delhi.

Longevity Revolution Journal

Journal of Longevity & Regenerative Medicine — a publishing home for fellows' research.

AYUVA™
LONGEVITY INSTITUTE

AYUVA Longevity Institute

Applied longevity programmes where evidence meets everyday practice.

STEMMAX™
RESEARCH & THERAPEUTICS PVT. LTD.

Organised by Stemmax Research & Therapeutics Pvt Ltd — the registered company that manages admissions, GST invoicing, payments, batch scheduling and the logistics of hands-on training for every IASRM fellowship.

03

JOIN THE NEXT BATCH

Enrol

Your patients are already asking about regenerative medicine. Be the doctor with the answers.

Investment & Payment

One programme, priced for India and for the world

FELLOWS IN INDIA

₹4,50,000

+ 18% GST (₹81,000)

Total payable ₹5,31,000

FELLOWS OUTSIDE INDIA

USD 5,500

Programme fee, payable in US dollars by international (SWIFT) transfer

PAYMENT SCHEDULE

- 50% at registration to confirm your seat
- 50% within 45 days
- Bank transfer or secure online payment link
- Payable to Stemmax Research & Therapeutics Pvt Ltd

INCLUDED

Live sessions and recordings, module materials, prescribed IASRM texts, all four hands-on blocks (16 days), research supervision, assessment and certification.

NOT INCLUDED

Travel, stay and meals for hands-on blocks; journal publication charges.

FEE POLICY

All fees are non-refundable. Your seat may be transferred **once** to a later intake beginning within 12 months. All disputes are subject to the exclusive jurisdiction of the courts of Delhi, India.

FOR YOUR SECURITY

Bank details are shared only in your personal offer letter. IASRM never asks for payment over social media or to a personal account — confirm on +91 98104 18415 before you transfer.

How to Apply & Certification

Limited seats — the cohort is kept small to protect one-to-one mentorship

01

Register

Complete the registration form at the end of this brochure or at www.iasrmglobal.org.

02

Documents

CV, degree certificates, medical council registration, photograph and photo ID.

03

Interview

Shortlisted applicants attend a short academic interview.

04

Offer & enrol

Receive your offer letter and pay 50% to confirm your seat; the balance is due within 45 days.

CERTIFICATION

On successful completion of all assessment components and the research capstone, participants are awarded the **FSRM — Fellowship in Stem Cell & Regenerative Medicine**, conferred by IASRM, with a unique certificate number and QR verification.

IMPORTANT

FSRM is an academic training programme. This fellowship is not recognised by the National Medical Commission; it does not confer a licence, registration, specialist title or right to practise, and must not be used as a post-nominal.

Terms & Important Notice

Please read before registering — every fellow receives these terms in writing

1. **Nature of the programme.** FSRM is an academic training programme. It confers no registration, licence, right to practise or protected specialist title.
2. **Fees.** All fees are non-refundable. A seat may be transferred once to a later intake beginning within 12 months.
3. **Recognition.** This fellowship is not recognised by the National Medical Commission. It is a training programme, not a licensing programme.
4. **Scope of certification.** Certification records completion of an academic programme. It does not certify independent competence in any procedure.
5. **Use of the title.** FSRM must not be used as a post-nominal, displayed as a registrable qualification or presented to patients as specialist status.
6. **Clinical application.** In India, use of stem cells other than haematopoietic reconstitution for approved indications is investigational and must take place within an approved, monitored study with the required clearances. Fellows remain solely responsible for the lawfulness of their own practice.
7. **Investigational content.** Several applications taught are investigational and are presented as such. Nothing in this brochure is a claim of established efficacy.
8. **Hands-on training.** Educational exposure only; fellows do not administer cell-based or biological products to patients.
9. **Research outcomes.** Journal acceptance is decided by the journal and cannot be guaranteed.
10. **Programme changes.** Faculty, sequencing and hands-on block dates may change for academic or operational reasons, with advance notice; total teaching hours are maintained.
11. **Conduct.** IASRM may suspend or withdraw a fellow for academic or professional misconduct, without refund.
12. **Jurisdiction.** All disputes are subject to the exclusive jurisdiction of the courts of Delhi, India.

Registration Form

Part A · Candidate & professional details — fill digitally or print in BLOCK CAPITALS

FULL NAME (AS ON CERTIFICATE)

DATE OF BIRTH

EMAIL

MOBILE / WHATSAPP

NATIONALITY

CORRESPONDENCE ADDRESS

PIN / POSTCODE

CITY

STATE / PROVINCE

COUNTRY

GENDER

PRIMARY MEDICAL QUALIFICATION & YEAR

POSTGRADUATE QUALIFICATION / SPECIALTY & YEAR

MEDICAL / DENTAL COUNCIL

REGISTRATION NUMBER

STATE OF REGISTRATION

YEARS OF EXPERIENCE

CURRENT HOSPITAL / INSTITUTION / PRACTICE

DESIGNATION

Registration Form

Part B · Programme, interests, documents & declaration

INTAKE

☐ February 2027 ☐ August 2027 ☐ Enrol at an IASRM congress

LECTURE BATCH

☐ Batch A — Fri / Sun, 8–10 PM IST ☐ Batch B — Americas, Sat 9–11 AM Mexico City

ELECTED SPECIALTY TRACKS (UP TO TWO)

☐ Fertility ☐ Gynaecology ☐ Orthopaedics ☐ Pain ☐ Dermatology

☐ Aesthetics ☐ Plastic ☐ Wound & Vascular ☐ Urology ☐ Dental

☐ Neurology ☐ Eye & ENT ☐ Haem / Onc ☐ Organ systems ☐ Longevity

HOW DID YOU HEAR ABOUT FSRM?

☐ Website ☐ Instagram / Facebook ☐ Congress ☐ IASRM fellow / faculty

☐ Other

DOCUMENTS TO ENCLOSE

☐ Updated CV ☐ Degree certificates ☐ Medical council registration

☐ Photo ID (Aadhaar / passport) ☐ Passport-size photograph

Declaration. I confirm that the information given is true and complete. I have read and accept the Terms & Important Notice in this brochure, including that all fees are non-refundable and a seat may be transferred once to a later intake within 12 months.

SIGNATURE OF APPLICANT	DATE	PLACE

Email the completed form with your documents to **info@iasrmglobal.org** or WhatsApp **+91 98104 18415**.

FEBRUARY 2027 · SEATS LIMITED

Your next year can redefine *how you practise.*

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