

राष्ट्रीय आर्युविज्ञान अकादमी (भारत)

अन्तारी नगर, महात्मा गांधी मार्ग, नई दिल्ली-110 029

दूरभाष : 26588718

26589326

26589289

तार : 'मेडेकेडमी' नई दिल्ली



NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

Ansari Nagar, Mahatma Gandhi Marg, New Delhi - 110029

Telephone : 26588718

26589326

26589289

Telegram : 'MEDACADEMY' New Delhi

Fax : 011-26588992

E-mail : nams_aca@yahoo.com

Dr. Gita Subba Rao
Secretary

U.P.C.

Ref. No. 25-1/2009/NAMS/

April 20, 2009

Subject: Continuing Medical Education Programme- Training of Junior Medical Scientists/ Teachers under "The Medical Scientists Exchange Programme 2009-2010".

Dear Sir/Madam,

You are aware that one of the activities promoted by the Academy under Continuing Medical Education Programme in the area of Health Manpower Development is the "Exchange of Medical Scientists" at junior levels and middle levels. The junior and middle level bio medical scientists/teachers are sponsored for the purpose of receiving specialized training at well established centres.

The period of training may be two to four weeks. Selected nominees are eligible for TA/DA i.e. actual II class AC rail fare and D.A. @ Rs.300/- per diem during the training period, limited up to a maximum of Rs.5,000/-. The expenditure on TA/DA will be met by the Academy.

Accommodation during training etc. has to be arranged by the nominees themselves and the Academy does not accept any responsibility in this matter.

It is requested that after assessing your needs, you may nominate suitable candidates who can be spared and deputed for undergoing specialized training. The particulars of each candidate, together with your recommendations, as per format enclosed, may please be sent to this Academy for consideration.

While sending nominations, the candidates may be asked to **attach a copy of the consent letter from the Institution where he/she would like to go for specialized training. It may be mentioned that without the consent letter from the Host Institution where training is desired, the application of the candidate will not be processed.**

Nominations of candidates recommended for training during 2009-2010 may be sent to this Academy latest by 15th July, 2009 for consideration.

Prior permission from the Academy should be taken before the training is undertaken.

Yours sincerely,
Gita Subba Rao

(GITA SUBBA RAO)

Nomination for Training of Junior and Middle level biomedical Scientists/ Teachers

UNDER CME PROGRAMME OF NATIONAL
ACADEMY OF MEDICAL SCIENCES (INDIA)

(To be submitted through proper channel)

I

- (1) Name :
- (2) Date of Birth:.....
- (3) Qualifications with year of passing
Name of the University and distinctions won if any:
.....
- (4) Present designation and address :.....
- (5) Permanent or Tenure:.....
- (6) Experience in area in which
training is required:
.....
- (7) Permanent/Address
Correspondence Address:
.....

II BASIC INFORMATION

1. Name of Sponsoring Institution/
Medical College :.....
2. Name of Head of the Institution/
Medical College :.....
3. Area of specialization in which
training is recommended :.....
4. Duration of training : No. of days.....
Period : from..... to
5. Type of training required :
6. Indicate location & Name of institution
where training is desired.....
7. Copy of consent letter from host institution attached: Yes/No

Note: Kindly attach a copy of the consent letter from the Host Institution where training is desired. Kindly note that application will not be processed if consent letter from the institution where training is desired is not attached.

III TECHNICAL INFORMATION

Justification

- a. Please provide background of proposed training and state how it is justified in sequence of activities undertaken in the past and to be undertaken in future:
- b. State how the present training is expected to solve the problem.

Specific objectives

Please state clearly the immediate objective of the proposed training and show its relevance to institution / departmental / individual development.

Signature of the Nominee

(Add additional sheet/s if space is insufficient)

NOMINATION

The
(Name of Institution/ Nominating authority)

nominates
(Name of the nominee)

for a short-term training grant and on its completion, the above named nominee will return to the Institution and will be placed in the Department of

Signature of Head of Institution

(SEAL)

No.

Place

Date.....