

राष्ट्रीय आयुर्विज्ञान अकादमी (भारत)

आसानी से, महात्मा गांधी मार्ग, नई दिल्ली-110029
द्वारा : 'मेडेकोडमी' नई दिल्ली
26588718
26589326
26589289



NATIONAL ACADEMY OF MEDICAL SCIENCES (IN
Ansari Nagar, Mahatma Gandhi Marg, New Delhi - 110

Telephone : 26588718
26589326
26589289

Telegram : 'MEDACADEMY' New D
Fax : 011-26588992
E-mail : nams_aca@yahoo.com

Dr. Sanjay Wadhwa, FA
Honorary Secret

U.P.C.

Ref.No.25-1/2010/NAMS/

8th April, 2010

Subject:- Continuing Medical Education Programme - Training of Junior Medical Scientists /
Teachers under "The Medical Scientists Exchange Programme 2010-2011".

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 centers.

2. The period of training may be two to four weeks. Selected nominees are eligible for reimbursement of travelling expenses (limited to actual II class AC rail fare) and D.A. @ Rs. 300/- per diem during the training period, subject to maximum of Rs.5000/-. The expenditure on TA/DA will be met by the Academy.
3. The Academy does not provide course details to the candidates requiring training. The same is to be arranged by the candidates themselves as to where and in which area he/she wants to go for specialized training. The accommodation during training etc. has also to be arranged by the candidates themselves.
4. 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.
5. 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 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.**
6. Nominations of candidates recommended for training during 2010-2011 may be sent to this Academy latest by 15th July, 2010. Nominations received after this date will not be considered.
7. Prior permission from the Academy should be taken before the training is undertaken.

Yours sincerely,

(Sanjay Wadhwa)

Enclosure:

A format for nomination for training of Junior and Middle Level Biomedical Scientists/Teachers.

May kindly be sent to the library section +
copy to be on the University web-site. 8/5/10
PLI ✓
LR-3655
17-5-10

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