

राष्ट्रीय आयुर्विज्ञान अकादमी (भारत)

अन्सारी नगर, महात्मा गांधी मार्ग, नई दिल्ली-110029

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NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

Ansari Nagar, Mahatma Gandhi Marg, New Delhi - 110029

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File No. 26-1/2020/NAMS/

Dean Acad
15th May, 2020

Subject: Continuing Medical Education Programme - Training of Junior and Middle Level Medical Scientists/ Teachers under "The Medical Scientists Exchange Programme" of the NAMS for the Year 2020-2021".

Dear Sir/Madam,

23/6/20

You are aware that one of the activities promoted by the Academy under Continuing Medical Education CME 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 biomedical scientists/teachers are sponsored for the purpose of receiving specialized training in the area of their choice at well-established centers in India.

1. The period of training may be two to four weeks. Selected nominees are eligible for reimbursement of traveling expenses (limited to actual II class AC rail fare) and D.A. @ Rs 300/- per diem during the training period, subject to a maximum of Rs. 5,000/-. The expenditure on TA/DA will be met by the Academy.
2. The Academy does not provide course details to the candidate requiring training. The same is to be thought of and arranged by the candidate themselves as to where and which institution and in which area or topic he/she wants to undergo the specialized training.
3. The accommodation during training, etc. has also to be arranged by the candidate himself/herself.
4. As the Head of the Institution, it is requested that after assessing your institution's needs, you may nominate a suitable candidate 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 the Academy for consideration.
5. While sending nominations, a candidate is required to attach a copy of the Consent Letter from the Institution Head of the concerned Department where he/she would like to undertake the 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. In exceptional cases, an application /nomination may be submitted within the closing date without a Consent Letter from the Host Institution. However, in such a situation the Consent Letter may be sent within two months of submission of the application.
7. Nominations of candidates recommended for training during the year April 2020 to March 2021 may be sent to the Academy latest by 31st August, 2020. Nominations received after this date will not be considered.
8. Prior permission/sanction of the Academy is necessary before commencing the continuing Medical Education Training in the host institution.

Yours sincerely,

Deep

(Dr. Deep N Srivastava)
Hon. Secretary

Encl: A format for request application for nomination for training of Junior and Middle Level Biomedical Scientist/Teachers.

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:
-
- Mobile No./E-mail

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.
- b. In sequence of activities undertaken in the past and to be undertaken in future
- c. State how the present training is expected to solve the problem of health care needs.

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.....