

राष्ट्रीय आयुर्विज्ञान अकादमी (भारत)

अन्सारी नगर, महात्मा गांधी मार्ग, नई दिल्ली-110029

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NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

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डॉ. दीप नारायण श्रीवास्तव  
मानद सचिव

Dr. Deep Narayan Srivastava  
Honorary Secretary

Ref.No.25-1/2017/NAMS/ '05

27th February, 2017

**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 2017-2018.**

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 Scientist" at junior and middle level. The junior and middle level biomedical scientists/teachers are sponsored for the purpose of receiving specialized training at well established centres in India. Kindly note that :-

1. The period of training is for 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 a maximum of Rs. 5000/-. The expenditure on TA/DA will be met by the Academy.
2. The Academy does not provide course details to the candidates requiring training. The same is to be arranged by the candidate themselves as to where and in which area, he /she wants to undergo for specialized training. The accommodation during training has also to be arranged by the candidates themselves.
3. It is requested that after assessing your needs, as Head of the Institution, you may nominate suitable candidates, who can be spared and deputed for undergoing specialized training. The particulars of each candidates, together with your recommendation, as per format enclosed, may please be sent to the Academy for consideration.
4. 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 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.
5. In exceptional case, an application / nomination may be submitted 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.
6. Nominations of the candidate(s) Recommended for training during the year April 2017 to March 2018 may be sent to the Academy latest by 31<sup>st</sup> August, 2017. Nominations received after this date will not be considered.
7. Prior permission/sanction of the Academy is necessary before the Continuing Medical Education training in the host institution.

Yours sincerely

*for* (Dr. Deep N. Srivastava)

Encl: As above

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

( To be submitted through proper channel )

- (1) Name : .....
- (2) Date of Birth : .....
- (3) Qualification 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. -* .....

**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 of 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 post and to be undertaken in future:
- c. State how the present training is expected to solve the problems 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 )

.....

*Handwritten signature*

**NOMINATION**

The .....

( Name of Institution / Nominating authority )

nominations .....

( 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 .....