

Lt. no.....954/...../19

From,

Principal,  
Sri Krishna Medical College,  
Muzaffarpur.

To,

All HOD's  
Sri Krishna Medical College,  
Muzaffarpur.

Muz. Date:-..29/4/19

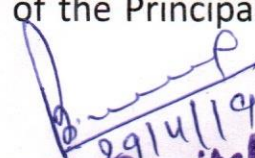
**Subject- Regarding recommendation of faculty to attend MCI 8<sup>th</sup> Advance Course in Medical science scheduled from 25<sup>th</sup> to 29<sup>th</sup> May 2019 fresh batch at MCI, Nodal Centre, Pramukh Shawami, Medical College, Karamsad, Gujrat.**

Dear Sir/Madam,

This is for your kind information that MCI, Nodal Centre, Pramukh Shawami, Medical College, Karamsad, Gujrat is going to organize MCI-8<sup>th</sup> advance course in medical education from 25<sup>th</sup> to 29<sup>th</sup> May 2019 fresh batch.

You are requested to recommend one faculty from you department at the level of assistant professor or above having 3 year teaching experience and successful completion of MCI Basic/Revised basic work shop in MET for nomination.

Recommended faculty should fill up the nomination form attached with this letter, and submit to the office of the Principal within two days.

  
Principal,  
Sri Krishna Medical College,  
Muzaffarpur.

Medical Council of India Nodal Centre for Faculty Development  
Pramukhswami Medical College, Karamsad-388325, Dist. Anand (Gujarat)  
E-mail : praveens@charutarhealth.org, sanjaykg@charutarhealth.org, sumanps@charutarhealth.org



### MCI - 8<sup>th</sup> Advance Course in Medical Education

Dates for the course : 25<sup>th</sup> to 31<sup>st</sup> May, 2019

Last date for application : 01<sup>st</sup> May, 2019

Batch ACME April-May 2019 - A, 1<sup>st</sup> Contact session, 25<sup>th</sup> to 29<sup>th</sup> May, 2019 (for fresh batch)

Batch ACME September 2018 - B, 2<sup>nd</sup> Contact session, 29<sup>th</sup> to 31<sup>st</sup> May, 2019 (for previous batch only)

As per the MCI directive the colleges should train 30% faculty in the Advance course at all levels across all specialties and this would be ensured by the Principal/ Dean of the concerned college.

*The Coordinators of the MEU, members of curriculum committee of the college and resource faculties of MEU should get trained in the Advance Course in Medical Education.* To fulfill this requirement, we are pleased to announce the eighth Advance Course in Medical Education (ACME) at this nodal center.

#### Eligibility criteria:

- At least three years of teaching experience (at the level of assistant professor and above).
- Successful completion of the MCI Basic/Revised Basic Course Workshop in MET.
- Nomination by Dean/ Principal of the Medical College.

**Note:** Curriculum Committee members & Resource Faculty, MEU Coordinator of Medical College and RC/NC resource faculties will be given priority in selection.

#### Application procedure:

Completed application form duly signed by the Principal/Dean should be sent to the given address before last date. Direct applications will not be entertained. Twenty five seats are available for this session and will be allotted to provide fair opportunity to all colleges attached to this nodal center.

**Course fee :** As per MCI recommendations, the registration fees for the course and TA /DA of participants will be met by the medical college of the participants. The participants will be on deputation from the college during this period. You may nominate not more than two participants from your college. The registration fees for the entire course is **Rs. 15,000/- (Rupees Fifteen Thousand only) per participant** to be paid by Demand Draft in favor of **Charutar Arogya Mandal, Karamsad**. The course fees will include resource material, breakfast and lunch at the venue. We will inform the selected participants and their colleges by **03<sup>rd</sup> May, 2019**. Individual and not clubbed Demand Draft for payment must accompany application form otherwise application will not be considered. If not selected, the payment will be returned back immediately after the decision. The Principal/Dean should ensure that the selected applicant is relieved to participate in both the contact sessions.

**Applicants must attach the MCI basic/revised basic course completion certificate and payment in Demand Draft with the application form.**

**Cancellation policy :** The fees paid will not be refunded under any condition after the selection has been notified. In exceptional circumstances, colleges may be permitted to send a replacement, if information is received at least two weeks in advance of the starting of the course. Fee cannot be carried over for the next course.

#### Mandatory course requirements

- Attendance at two onsite sessions of 5 and 3 days each
- Timely submission of the participant's final project proposal
- Participation in the online discussions with a minimum of six academic posts per month
- Moderation of a discussion under faculty guidance during the allotted month
- Record keeping of the discussions as allotted
- Summarizing the discussions as allotted
- Presentation of completed project work as a poster
- Observation of one day of revised basic course workshop

We look forward to receiving nominations from your college.

**Dr. Praveen R Singh**

Convener, MCI Nodal Center, Pramukhswami Medical College, Karamsad

Encl : Nomination form

Medical Council of India, Nodal Center for Faculty Development  
Pramukhswami Medical College, Karamsad - 388325, Dist. Anand (Gujarat)



**MCI - 8<sup>th</sup> Advance Course in Medical Education**

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Batch ACME September 2018 - B, 2<sup>nd</sup> Contact session, 29<sup>th</sup> to 31<sup>st</sup> May, 2019 (for previous batch only)

(Applications received after last date will not be entertained)

- 
1. Name -----
  2. Academic Designation -----
  3. Institution Govt./Private; Name:-----
  4. Working in present institute since: -----
  5. The present institute is recognized by MCI: Yes/No
  6. Qualifications -----
  7. Medical Council name and registration number -----
  8. Teacher ID No. (as available on MCI website) -----
  9. Teaching experience in years -----
  10. Date of birth/Age ----- Gender: M /F
  11. Basic/Revised Basic Course attended at -----  
Dates -----Approved by MCI: Yes/No
  12. Any other training obtained in medical education (If yes, write detail. -----
  13. Are you a member of MEU of your college? Y/N

14. Are you a member of curriculum committee of your college? Y/N

15. Contact details: Address -----

Email: -----

Telephone: ----- Mobile: -----

16. Are you able to spare at least one hour a day for this course related activities? Y/N

17. Are you able to work on office documents like Word, PowerPoint and Excel? Y/N

18. Are you able to use email? Y/N

19. Why do you want to apply for this course? Please write in about 300 words.

20. After attending the course, what changes do you want to make in medical education in your institution. Please write in about 300 words.

21. Please submit a curriculum innovation project under the given headings (applications without project will not be entertained).

- a. Title of the project:
  
- b. Why is the idea necessary?
  
- c. Brief literature review in 200 words:
  
- d. What will be done?
  
- e. How will you measure the outcome?
  
- f. What will happen after 5 years if this innovation is implemented?

Note: Add additional pages for filling the application form if required.

**Declaration**

- I have understood that this course is of one year duration, which includes two contact sessions at the Nodal Center and two spells of five months each for online learning using email. The mandatory requirements for the course are given below:

**Mandatory course requirements**

- Attendance at two onsite sessions of 5 and 3 days each
  - Timely submission of the participant's final project proposal

- Record keeping of the discussions as allotted
- Summarizing the discussions as allotted
- Presentation of completed project work as a poster
- Observation of one day of a revised basic course workshop

- I have also understood that my performance in all the components will be monitored by the faculty. I will need to repeat one or more requirements of the program if I fail to show a satisfactory performance in any of the above mentioned mandatory requirements.
- There will be no refund of fee for any reason once the candidate has been selected for the Advance Course in Medical Education. If I fail to complete the program within a period of 18 months from the date of my enrollment, I will not be able to enroll for the program again at any of the Nodal Centers of Medical Council of India.
- If selected for the course, I will sign the necessary undertaking which will be sent to me with the selection letter. I will be able to start the course only after submission of the undertaking duly signed by me and my Dean/Principal.
- If I join a different college during the period of the course, I will inform this to the Convener of the Nodal Center and submit a fresh undertaking duly signed by the Dean/Principal of the new college.

Signature -----Name ----- Date-----

**Recommendations by Principal/Dean**

Dr. .... working as  
 ..... in the department of ..... on a  
 permanent/temporary post since ..... is nominated for the Advance Course in Medical Education  
 Course at Nodal Center , Pramukhswami Medical College, Karamsad. The details provided by the applicant in the  
 application form are correct as per our records. S/He will be relieved, if selected; to participate in both contact  
 sessions and other required activities.

Signature of Principal/Dean

Date: Office Stamp

Contact details of the Dean/Principal: Email: -----

Tel: -----

**The Dean/Principal is requested to note that if a candidate drops out/fails to complete the course, it has a negative bearing for selection of candidates from your institution for future courses.**

**Important information**

Fee Rs. 15,000/-in total for Advance course (including 2 contact sessions, breakfast, lunch, afternoon tea online sessions & project mentoring. Course fee does not include travel, stay, dinner or other expenses).

We request you to make the necessary payment by Demand Draft in favor of **Charutar Arogya Mandal, Karamsad, along with the application.**

No refund will be available if cancellation request is received after the candidate has been selected for this Advance Course.

**Contact details:**

Phone: 02692-228525, Fax No.02692-223660

E-mail: praveenrs@charutarhealth.org

sanjaykg@charutarhealth.org

sumanps@charutarhealth.org