



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:  
*M.O.B.I.L.E. N.O. -* .....

**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 )

.....

**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 .....