



SANTOSH

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No.1 Santosh Nagar, Ghaziabad-201 009, NCR Delhi.

Ph. No. 0120-2743419 Fax No. 0120-2741140 Email-ID: santosh@santoshuniversity.com

F. No. SU/R/2018/247

Date: 19.03.2018

To
Dr. Devender Kumar,
Professor,
Department of Obstetrics & Gynecology,
Maulana Azad Medical College,
Bahadurshah Zafar Mar,
New Delhi – 110 002,
Ph:011-23238186, M: 9868604407
Email: nttcmamac@gmail.com, devendermamac@gmail.com

Subject: Nomination of Dr. Nisha Kaul and Dr. Rashmi Sharma to attend MCI revised Basic Course Workshop from 4-6 April 2018 and ATCOM Sensitization Program on 07-04-2018 at Maulana Azad Medical, New Delhi.

Sir,

Kindly refer to your email dated 12.03.2018, MCI Regional Centre, Maulana Azad Medical College, New Delhi's on the subject cited above, the following faculty members of Santosh Medical College & Hospital are nominated to attend MCI revised Basic Course Workshop from 4-6 April 2018 and ATCOM Sensitization Program on 07-04-2018 at Maulana Azad Medical, New Delhi:

Sr.No.	Name of Participant	Designation & Department	Official Address	Contact Details [Tel./Fax/Mobile]	E-mail ID
1	Dr. Nisha V. Kaul	Professor of Anatomy	Santosh Medical College, No.1, Santosh Nagar, Ghaziabad	Tel:0120-2741141 Fax:0120-2741140 M: 9871606960	nishakaul.nk@gmail.com
2	Dr. Rashmi Sharma	Professor & HOD of Anesthesia	Santosh Hospitals, No.1, Santosh Nagar, Ghaziabad	Tel:0120-2791667 Fax:0120-4104605 M: 9868867049	rashmisharma27d@yahoo.com

The above faculty members have been permitted on the following Terms & Conditions:

1. The period of their absence will be treated as on duty.
2. TA/DA will be paid by the University.
3. They will require to submit a report and copy of their certificate on successful completion of the above course.

They will be required to make necessary arrangements to look after their duties during their absence with information to the Academics Section and submit their departure and joining reports for the same.

[Dr. V. P. GUPTA]
REGISTRAR



Distribution: As above

Copy to:

1. The Secretariat
2. PS to Vice-Chancellor
3. Dean, Santosh Medical College
4. Medical Superintendent, Santosh Hospital
5. Head of the Concerned Department
6. Dr. Dakshina Bisht, Secretary of Medical Education Unit
7. Personnel Manager
8. Guard file.

SANTOSH UNIVERSITY

**APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETINGS/
CONFERENCES/ SYMPOSIA/ SEMINARS/ WORKSHOPS/ SELECTION COMMITTEE
MEETINGS/ TO DELIVER THE LECTURE/ CHAIRING THE SESSION/ INVITED AS
EXTERNAL EXAMINERS (UG/ PG)/INVITED/ DEPUTED FOR ANY OTHER ACADEMIC
ACTIVITIES IN INDIA & ABROAD**

1	Name, Designation & Department	DR. Nisha Kaul, Professor of Anatomy, Anatomy
2	Email ID & Mobile No.	nishakaul.nk@gmail.com 9871606960
3	Title of the Meeting/ Conference/ Symposium/ Seminar/ Workshop/ Selection Committee/ External Examiner etc. or any other Academic activities. Please Tick (✓)	<input type="checkbox"/> CME <input type="checkbox"/> SYMPOSIUM <input type="checkbox"/> SEMINAR <input type="checkbox"/> CONFERENCE <input type="checkbox"/> WORKSHOP <input type="checkbox"/> SELECTION COMMITTEE <input type="checkbox"/> NATIONAL <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> EXTERNAL EXAMINER Other: <u>ATCOM</u>
4	City/ Country in which it is to be held	City: <u>New Delhi</u> Country: <u>India</u>
5	Duration of the proposed meeting etc.	<input type="checkbox"/> 1 DAY <input checked="" type="checkbox"/> 2 DAY <input type="checkbox"/> 3 DAY
6	Name of the organizing/ inviting Institutions along with Title of Meeting/ Conference, etc.	Maulana Azad Medical, New Delhi.
7	Date of departure	<u>7-04-2018</u>
7	Arrival after attending the meeting etc.	<u>8-04-2018</u>
8	Are you presenting any Scientific Paper/ Chairing session/ delivering lecture during the period of attending the meeting etc. (enclosed documentary evidence) or participants only (please indicate clearly). Please Tick (✓)	<input type="checkbox"/> SCIENTIFIC PAPER <input type="checkbox"/> CHAIRING <input type="checkbox"/> DELIVERING LECTURE <input type="checkbox"/> POSTER <input checked="" type="checkbox"/> JUST ATTENDING
9	Name of the funding agency (self or other)	<input type="checkbox"/> SELF Other <u>Santosh University</u>

10	How the participation in meeting/ conference/ symposium/ seminar/ workshop/ short term trainings/ any other academic activities etc. in question helps in his work at the Institute.	
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Certified that the details furnished above by me are correct to the best of my knowledge and nothing has been concealed. I also undertake that I will furnish the participation certificate as soon as I return from the same.

(Signatures & date of the Applicant)

- Note:** - 1. While forwarding the applications, Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Department should be available in the Department during the duration of the meeting/ conference/ symposium/ workshop/ short term training/ any other academic activities in question.
2. **Enclose evidence**
 3. **Attach Invitation Letter**
 4. **Permission will be sent by Email**
 5. **The attendance certificate is required to be submitted after attending the Meeting/ Conference.**

1. RECOMMENDATIONS OF THE HEAD OF THE DEPARTMENT WHETHER

RECOMMENDED or NOT RECOMMENDED

Signatures & date of the HOD

1. THROUGH THE DEAN, SANTOSH MEDICAL/ DENTAL COLLEGES / MEDICAL SUPERINTENDENT WHETHER

RECOMMENDED or NOT RECOMMENDED

Signatures & date of the Dean concerned
Medical Superintendent

To,

The Vice-Chancellor,
Santosh University,
Ghaziabad.