



# SANTOSH

## Deemed to be University

F. No. SU/R/2018/939

(Established u/s 3 of the UGC Act, 1956)

Date: 02.08.2018

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. Dakshina Bisht, Dr. Rinku Garg and Dr. Kavita Dhar to attend MCI revised Basic Course Workshop from 28-30 August 2018 and ATCOM Sensitization Program on 31-08-2018 at Maulana Azad Medical College, New Delhi.**

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Sir,

Kindly refer to your email dated 01.08.2018, 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 MCI revised Basic Course Workshop from 28-30 August 2018 and ATCOM Sensitization Program on 31-08-2018 at Maulana Azad Medical College, New Delhi:

Sr.No.	Name of Participant	Designation & Department	Official Address	Contact Details [Tel./Fax/Mobile]	E-mail ID
1	Dr. Dakshina Bisht <b>*Only attend ATCOM Program on 31.08.18 [As already attended Rbcw]</b>	Professor & HOD of Microbiology	Santosh Medical College, No.1, Santosh Nagar, Ghaziabad	Tel:0120-2741141 Fax:0120-2741140 M: 9810510852	dakshinabisht@gmail.com
2	<b>Dr. Rinku Garg</b>	Professor & HOD of Physiology	Santosh Medical College, No.1, Santosh Nagar, Ghaziabad	Tel:0120-2741141 Fax:0120-2741140 M: 8860238169	rgrinkigarg6@gmail.com
3	Dr. Kavita Dhar	Associate Professor of Pharmacology	Santosh Medical College, No.1, Santosh Nagar, Ghaziabad	Tel:0120-2741141 Fax:0120-2741140 M: 8860238169	dhar.kavita12@gmail.com

No. 1, Santosh Nagar, Ghaziabad - 201 009, India  
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Fax : +91-120-2741140

Life begins at **SANTOSH**  
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No. 1, 7th Avenue, Besant Nagar, Chennai-600090, India  
Tel. : +91-44-24917646, 24918844  
Fax : +91-44-24918622

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. Rinku Garg, Professor & HOD of Physiology
2	Email ID & Mobile No.	rgrinkigarg6@gmail.com 8860238169
3	Title of the Meeting/ Conference/ Symposium/ Seminar/ Workshop/ Selection Committee/ External Examiner etc. or any other Academic activities. Please Tick (✓)	<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> CME</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> SYMPOSIUM</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> SEMINAR</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> CONFERENCE</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input checked="" type="checkbox"/> WORKSHOP</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> SELECTION COMMITTEE</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> NATIONAL</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> INTERNATIONAL</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> EXTERNAL EXAMINER</div> </div> <p>Other: _____</p>
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.	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1 DAY</div> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> 2 DAY</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 3 DAY</div> </div>
6	Name of the organizing/ inviting Institutions along with Title of Meeting/ Conference, etc.	<u>Maulana Azad Medical College</u>
7	Date of departure	<u>31-08-2018</u>
	Arrival after attending the meeting etc.	<u>02-08-2018</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 (✓)	<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SCIENTIFIC PAPER</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> CHAIRING</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> DELIVERING LECTURE</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> POSTER</div> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> JUST ATTENDING</div> </div>
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.

*Rinke Singh*

(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**

*Rinke Singh*

Signatures & date of the HOD

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

**RECOMMENDED or NOT RECOMMENDED**

*[Signature]*

Signatures & date of the Dean concerned  
Medical Superintendent

To,

The Vice-Chancellor,  
Santosh University,  
Ghaziabad.