Govt. of National Capital Territory of Delhi
Maulana Azad Medical College
2-Bahadur Shah Zafar Marg, New Delhi-110002
(Academic Section)

Circular

Subject: Publication of College Annual Report-2019

The compilation of the College Annual Day Report for the year 2019 has to be completed prior to the Annual Day, which is scheduled to be held on 26.02.2020. In order to keep the uniformity in the compilation, a proforma has been devised and enclosed.

It is requested that the information pertaining to the period from 01.01.2019 to 31.12.2019 may be compiled strictly as per the information asked for. Correct spellings, suggested size of papers, pattern font, capital/ small/ bold letters for each item may also be ensured. The information asked for may be mailed at aarit.s.mahajan@yahoo.co.in and mamc.registrar@gmail.com. Further a soft copy each of photograph in respect of the superannuated Faculty Member during the above period, HOD and any function of the Department worth publication may also be mailed. A hard copy of the information may also be furnished in the Academic Branch, MAMC latest by 04.01.2019 positively.

The issue being time bound may be given top priority.

(Dr. Sushil Kumar)
Dean

No.F.403(192)/2019/MC(Aca)/
1. Medical Director, GIPMER.
2. Medical Director, LNH.
3. The Head of the Department,

MAM College/ LNH Hospital / GIPMER/MAIDS, New Delhi
4. Dr. Aarti Sood Mahajan, Dir. Prof.(Physiology)/ Convener Annual Report Committee.
5. In-charge, Lan & Server with the directions to inform all concerned through their respective Email and upload the circular on the College Website.

(Dr. Sushil Kumar)
Dean

Dated: 03.01.20
PROFORMA FOR ANNUAL REPORT-2019

Information Report for the period From 01.01.2019 to 31.12.2019

Name of the Department:

1. Name of the Head of the Department

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Faculty</th>
<th>Designation</th>
</tr>
</thead>
</table>

2. Members who have left during the period:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Faculty</th>
<th>Designation</th>
<th>Reason for leaving the job</th>
</tr>
</thead>
</table>

3. Additions to the Faculty during the period:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Faculty</th>
<th>Designation</th>
<th>Whether newly joined</th>
</tr>
</thead>
</table>

4. Research Scheme

(a) On going project
(b) Details of thesis completed during current year

5. Trainees from other agencies:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the trainees</th>
<th>Sponsoring agency</th>
<th>Period of Training</th>
</tr>
</thead>
</table>

6. Training course/Conferences/Workshops organized:

A Symposium on __________was held on __________ with Dr. __________in the Chair/ or as Convener.

7. Publications during the period:
(Please attach reprints, if available, otherwise please cite complete reference) failing which it shall not be possible to include in the report).

8. Books/Chapters/Contributed:

(a) Dr. __________has contributed a chapter in the Text Book on __________edited by Dr. __________of Publisher. Ed. __________(Year of Publication)
(b) A Text Book of __________(for under-graduates) has been written by Dr. __________and published.

9. Conferences/Workshops/Symposiums attended:

________Annual Conference of the Association of _______India, Calcutta was attended by: -
10. Visitors:
   a) Dr. ________ of ________ (Country) visited the Deptt and delivered a talk on ________ (date).

11. Significant Events (Honors to Faculty):
   All honors (at National/International level) received by faculty members to be mentioned at one place.
   Dr. ________ has received award/given oration chaired session/delivered guest lecture etc at ________ in the month ________.

12. Fellowship:
   Fellowship was awarded by ________ and availed by Dr. ________ of ________ for ________ month of ________

13. Representation on expert Committee/Bodies:
   Dr. ________ was nominated by the ________ (agency) as expert/advisor to ________

14. Health Services to the Community:
   Health centre activities/camps/drives/national programme etc.

15. Lab Data:
   a) Name of the Lab
   b) Name and no of the test perform
   c) Percentage of growth compared to last year.

16. New Facilities added:

17. Any other worth mentioning information.

Signature & Seal of HOD