Reminder-II
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

Attention of all concerned is hereby invited to this office circular of even No. Dated 03.01.2020 followed by a reminder dated 17.01.2020 on the subject cited above, vide which it was requested to forward the information relating to the Department(in a prescribed format) for publication of the same in the College Annual Report - 2019 by 04.01.2020 and 20.01.2020.

The requisite information has not been received till date.

The issue being time bound may be given personal attention and top priority and the information asked for may be mailed at aartiis_mahajan@yahoo.co.in and mameregistrar@gmail.com. Further a soft copy each of photograph in respect of the superannuated Faculty Member during the above period, HOD, Group Photograph of Faculties in the Departments 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 28.01.2020 positively.

The issue being time bound may be given top priority.

This issues with the prior approval of Dean.

Registrar(Academic)
Dated:-

No.F.403(183)/2018/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.

Registrar(Academic)
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/promotion</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