



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

SRI RAMACHANDRA MEDICAL COLLEGE & RESEARCH INSTITUTE NMC NODAL CENTRE FOR FACULTY DEVELOPMENT

DR. P.V. VIJAYARAGHAVAN
CONVENER-NMC NODAL CENTRE

March 10, 2021

We are very happy to announce that the National Medical Commission has launched the Advance course in Medical Education in 10 nodal centres across the country. Your college is allocated to Sri Ramachandra Medical College and Research institute Nodal Centre. The 11th programme of our Nodal Centre is scheduled between 15-18th April 2021. It is to be noted that the National Medical Commission has prescribed the minimum qualifications required for the teachers to be considered for being resource persons/faculty for the Basic course as any one of the following:

1. Degree in medical education
2. Diploma in medical education
3. FAIMER (Foundation for Advancement of International Medical Education and Research) Fellowship
4. Advance course in medical education (project based longitudinal course)

Who will be eligible to take the Advance course?

The eligibility criterion for the course is as follows:

- Successful completion of the NMC Workshop in MET (certificate to be attached)
- At least three years of teaching experience as a faculty (Asst. Professor upwards)*
- Recommendation from the Dean/ Principal
- ***Institution specific eligibility of participants: 30% of faculty in an institution (other than MEU member) who have undergone Basic Course Workshop in MET must undergo the Advance Course in Medical Education .***

**** First preference will be given to MEU Coordinator/Members with above eligibility criteria-Kindly attach evidence for this thru' your Dean***

**** As per the email dated June 28, 2018 received from the Chief Consultant, Academic Cell, MCI, Curriculum Committee members & Resource Faculty and RC/NC resource faculty will be given priority in selection.***

Also as per Communication Dated May 12, 2015, MCI has recommended Following:

“The Academic Committee meeting held on 30th January 2015 approved the following recommendations of the meeting of the Conveners & Co-Conveners of Nodal Centres held on December 17-18, 2014, which was duly approved by the Executive Committee meeting held on 2nd March, 2015.

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MEU Co-ordinators & MEU members of affiliated Colleges must undergo Advance Course in ME. Each Regional Centre should nominate one faculty from their team. Medical Council of India will send a letter to this effect to the Conveners of NCs, who will then forward it to the attached colleges.

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You are requested to bring the above decisions of the National Medical Commission to the notice of (a) Conveners of Regional Centres affiliated to each Nodal Centre, (b) Dean/ Principal of the concerned Regional Centre, and (c) Dean/Principal of the medical colleges affiliated to each Nodal Centre, for strict compliance. The above officers may be directed to send their compliance report to conveners of respective Nodal Centres who will bring deficiencies to the notice of the Council.

What is the structure of the course?

The course is structured for a period of one Year with 2 contact sessions (1st contact session for 5 days and 2nd contact session for 3 days) at the Nodal Centre in March-April and September-October. The intersession period will include online discussions and project submission. The certificates will be awarded only after the completion of requirements as specified and due assessment of every participant.

What is the course fee?

The course fee for the entire course will be **Rs 17,700/-** (Rs.15000+GST 2,700). Travel and stay will be arranged at our venue on payment basis.

Mode of Payment: Online payment details

Account Name : Sri Ramachandra Institute of Higher Education and Research Trust
Account No. : 6203243021
Bank Name : Indian Bank,
Branch Name : Sri Ramachandra University
IFSC : IDIB000S180

Pl. forward the details of UTR No. and delegate name etc. as soon as the receipt of registration fees for enabling us for issue of the receipt.

Payments by Demand Draft for Rs. **17,700/-** drawn in favour of “**Sri Ramachandra Institute of Higher Education and Research**” payable at Chennai.

Program Venue: Onsite training at SRIHER campus with appropriate COVID-19 guidelines of Govt of India and Tamil Nadu (including COVID-19 negative report). If situation due to COVID-19 does not permit onsite session then, please indicate for attending online session. In the nomination form, please indicate if the participant is willing to attend the possibility of onsite or online form or only anyone format.

Please do not book the non-refundable tickets till you obtain confirmation of ACME from our side.

How to apply?

You are informed to nominate one or two suitable faculty members as per the criteria given above to attend this course. The duly filled Registration form with details of payment along with the documents as indicated in the registration form need to be sent to the following Address by 2nd April 2021 by email and post/courier.

Dr.P.V.Vijayaraghavan

Vice Chancellor-SRIHER (DU)

Convenor – NMC Nodal Centre

Sri Ramachandra Institute of Higher Education And Research, Porur Chennai -6000116

Phone : 044-24768431 Mobile: 7550208565.

Email ID: vc@sriramachandra.edu.in

If the participants require accommodation within the campus, they can call Archana Annex, contact number - 04424765512 (Extn.8310)/45928521.

Outside the campus near SRU:

1. Hotel Ashok Residency, Porur (Contact No. 24761137)- Opposite to SRMC & RI
2. Hotel Grand Residency, Porur (04424767611) – 1 km from the venue
3. Hotel V7, Porur (044 2476 4777) – Opp to SRMC

Encl: Nomination Form.

P.S.: The Participants are hereby informed not to book the tickets until they receive confirmation from us.



**SRI RAMACHANDRA MEDICAL COLLEGE & RESEARCH INSTITUTE
NMC NODAL CENTRE FOR FACULTY DEVELOPMENT**

Registration Form

15- 18th April 2021

1st Contact Session of 11th Advance Course

1. **Name**
2. **Designation** (3 yrs certificate for assistant professors)
3. **Department & Institution**
.....
4. **Qualifications**
5. **Medical council name and registration number**.....
6. **Mobile:****Tel:****Fax:**.....
7. **E-mail address** (must-all further communication will be through email only-write clearly)
.....@..... (Gmail only)
8. **MCI basic course** in Medical Education training details: (mandatory, **attach certificate**)
9. Dates.....Place..... Approved by MCI : **Yes / No**
10. **MEU Member** **Yes / No**
11. **Co-ordinator** **Yes / No**
12. The Title and a 200 word description of the educational project enclosed (**Mandatory submission**)

I agree to participate full time during the both sessions of the course. I understand that the certificate of participation will be denied in case of **absence from any session for any reason**. Decision of local organizing committee will be final in this regard. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.

The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.

Cancellation policy: There is no refund of registration fee under any circumstances.

I have read and understood terms and conditions including cancellation policy.

13. **Program Venue:** Onsite training at SRIHER campus with appropriate COVID-19 guidelines of Govt of India and Tamil Nadu (including COVID-19 negative report). If situation due to COVID-19 does not permit onsite session then, please indicate for attending online session. In the nomination form please indicate if the participant is willing to attend the possibility of onsite or online form or only any one format. Please do not book the refundable tickets till you obtain confirmation of ACME from our side.

Willing to participate : Onsite/ online/ both can attend

Dated:

Signature:.....

Endorsement by the Principal

The above participant is a potential candidate for Advance course as per MCI guidelines. I recommend the Nomination of Dr.....for the above course. In case of selection, he/she will be relieved from duty to enable full time participation in both the sessions. He/She will be provided necessary logistic help for his project work during the intervening period.

Dated.....

Signature.....

Office Stamp :

Kindly provide the payment particulars: online Transaction ID Bank details etc