<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Date</th>
<th>Department</th>
<th>Name Of Faculty</th>
<th>Topic</th>
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<tbody>
<tr>
<td>1</td>
<td>10/07/12</td>
<td>Anatomy</td>
<td>Dr.S.S.Saiyad</td>
<td>Anatomy of the Eye</td>
</tr>
<tr>
<td>2</td>
<td>11/08/12</td>
<td>Physiology</td>
<td>Dr.S.M.Joshi</td>
<td>Physiology of Hearing</td>
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<tr>
<td>3</td>
<td>25/08/12</td>
<td>Bio-Chemistry</td>
<td>Dr Shobhna Chandnani</td>
<td>Role of Homocysteine in coronary heart diseases</td>
</tr>
<tr>
<td>4</td>
<td>08/09/12</td>
<td>Orthopedic</td>
<td>Dr Bimal Modi</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>5</td>
<td>29/09/12</td>
<td>Obs &amp; Gynec</td>
<td>Dr Rakesh Patel</td>
<td>Anaemia in pregnancy</td>
</tr>
<tr>
<td>6</td>
<td>06/10/12</td>
<td>Pathology</td>
<td>Dr Paragi Gandhi</td>
<td>Recent trends in blood transfusion</td>
</tr>
<tr>
<td>7</td>
<td>27/10/12</td>
<td>Surgery</td>
<td>Dr Niyati Lakhani</td>
<td>Pain Management</td>
</tr>
<tr>
<td>8</td>
<td>15/12/12</td>
<td>Community Medicine</td>
<td>Dr Mihir Goswami</td>
<td>Prevention of Mal-Nutrition in children</td>
</tr>
<tr>
<td>9</td>
<td>29/12/12</td>
<td>Medicine</td>
<td>Dr Shashi Mudra</td>
<td>Prevention in Diabetes</td>
</tr>
<tr>
<td>10</td>
<td>19/01/13</td>
<td>Anesthesia</td>
<td>Dr. Bharti Bachani</td>
<td>Recent trends in regional anesthesia</td>
</tr>
<tr>
<td>11</td>
<td>19/10/13</td>
<td>Surgery</td>
<td>Dr Niyati Lakhani</td>
<td>Introduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asso Society of Procuinry</td>
<td>Dr Mehul Solanki</td>
<td>C.P.R Video Presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asso Society of Procuinry</td>
<td>Dr Jay Kothari</td>
<td>Conclusion by</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Dean(G.M.E.R.S. Gandhinagar)</td>
<td>Dr A.H Vyas</td>
<td>Introduction of M.E.T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dean (M.P.Shah Medical College)</td>
<td>Dr.Vikas Sinha</td>
<td>Behavior of Teacher</td>
</tr>
</tbody>
</table>
Minutes of Meeting

Details:

Date: 01/10/2014 11:00 a.m.
Venue: Dean office, GMERS medical college, Gandhinagar

Agenda:
1) To review the minutes of last meeting
2) Discussion about MEU program
3) Any other matter with permission of chair

Following members were present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Arun Vyas</td>
<td>Dean</td>
</tr>
<tr>
<td>Dr Bipin Nayak</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. S. S. Salimyad</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. S.M. Joshi</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Shobhna Gupta</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Jasmin Diwan</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. P B Verma</td>
<td>Professor</td>
</tr>
<tr>
<td></td>
<td>P.S.M.</td>
</tr>
<tr>
<td></td>
<td>Obs. &amp; Gynec</td>
</tr>
<tr>
<td></td>
<td>Anatomy</td>
</tr>
<tr>
<td></td>
<td>Pharmacology</td>
</tr>
<tr>
<td></td>
<td>Anaesthesia</td>
</tr>
<tr>
<td></td>
<td>Physiology</td>
</tr>
</tbody>
</table>

Following issues were discussed:
Meeting was chaired by the Dean, GMERS medical college, Gandhinagar. He welcomes all participants.
1) Discussed about the CME organized by psychiatry department on stress management on 10th sept.2014
2) Discussed about CME to be organized by psychiatry department in which they will show a movie “the beautiful mind”, “The secret” to inspire the students
3) Discussed about CME on ‘RNTCP’ by TB and chest department in near future.
4) Details of MEU activities and work distribution was discussed in meeting.

[Signature]
GMERS MEDICAL COLLEGE
GANDHINAGAR
OFFICE ORDER:

Meeting of Medical Education Unit is scheduled on Wednesday, 01/10/2014 at 11.30 p.m in the College Council Room.

The Agenda for the meeting shall be:

1. To Review the Minutes of last meeting.
2. Discussion about MEU Program.
3. Any other matter with the permission of the chair.

To,

Name         Designation       Department
Dr. A.H.Vyas  Dean.            Anaesthesia.
Dr. J.G.Buch  Proff             Pharmacology
Dr. S.S.Saiyad Proff            Anatomy.
Dr. Jasmin Diwan Proff          Physiology.
Dr. Shobhna Gupta. Proff        Anaesthesia

GMERS Medical College,
Gandhinagar

Dean

F/meu/meeting letter
Allocation of colleges to nodal center at Pramukhswami Medical College, Karamsad for advance course in MET

To: pankajpatel897@gmail.com, deannhimmcm@yahoo.com, deannhimmc@yahoo.co.in, dr.khadijasaf@gmail.com, contactus@geetanjalimedcity.com, pncmck@yahoo.co.in, principalmck@gmail.com, jhalawarmedical@yahoo.com, iaecow@sancharnet.in, principal_spmc@live.com, dean.bjmc@hotmail.com, ksa@hospital@yahoo.com, trcctb@yahoo.com, drpravin@hotmaill.com, dmriti55@gmail.com, s.mukherjee@adanigroup.com, dean@gaims.ac.in, dkrkirtimpatel@yahoo.co.in, info@gcsmsg.org, deanmcg@gmail.com, ahagoti@gmail.com, gmersmchsola@gmail.com, ubshah07@yahoo.co.in, gmerspatan@gmail.com, drgrudhas@gmail.com, deangmersmcg@gmail.com
Cc: praveenr897@charutarhealth.org, dharmishthacp@charutarhealth.org, academiccell@gmail.com

Tue, Jul 8, 2014 at 10:55 PM

Dear Sir/Madam,

MCI regional centers are conducting basic course workshop in medical education since 2009 under MCI national faculty development program. MCI has decided to start advanced course in medical education in near future through recognized nodal centers. MCI has upgraded ten regional centers including the regional center at Pramukhswami Medical College as nodal centers and has allocated colleges to each of these nodal centers.

The advanced course to be conducted by nodal centers for faculty of allocated colleges, is a project based one year course with two onsite sessions of 6 days and a yearlong online learning: MCI expects that at least 30% of teachers in each medical college will enroll for this advanced course over a period of time. Resource faculty conducting basic course must undergo advanced course.

MCI has advised us to inform you about allocation of your college under this nodal Center. We will keep you informed about the schedule of the advanced course in due course of time.

Dr Himanshu Pandya
Professor of Medicine
Convener, MCI Nodal Centre for MET
Pramukhswami Medical College
Karamsad-388325, Gujarat, India
Phone: 02692228460 (Office) 02692249538(Home)
Mob: 09825098919

https://mail.google.com/mail/u/0?ui=2&ik=106ca25e21&view=pt&search=all&attid=147170af260565c0&sid=147170af260565c0
RTC No. Workshop/01/2014

Date: 10/07/2014

To,
Dean/ Principal/ MEU coordinator

Dear Sir/ Madam,

Greetings from Regional Training Centre, NHLMMC, Ahmedabad...

The MCI Regional Training Centre for Faculty Development at Smt. NHL Municipal Medical College, Ahmedabad is happy to announce the next 21st and 22nd workshops in September, 2014.

The 21st basic course workshop is scheduled for 3 days from September 10 – 12, 2014

The 22nd basic course workshop is scheduled for 3 days from September 24 -26, 2014

The basic course workshop on Medical Education Technology has been revised and the new framework with some new topics has been implemented from April 2014. The upcoming workshops will be based on this new framework.

At this juncture may we take the opportunity to remind you that...

• All MEU Faculty members of respective medical colleges must have undergone MCI Basic Course in MET at the allocated Regional Centre (MCI - Academics/2014/101850 dated 9/4/2014)

• MCI Basic course workshop in Medical Education Technology is now compulsory for all and is required every 5 years. (MCI-Academics/2013/31214 dated 31/8/2013)

With these references, RTC invites nominations from all teachers who have not yet attended basic course and those who have undergone the workshop before 5 years.

As a mandate, maximum no. of participants to be enrolled in one workshop is 30. The participants will be registered on first come first basis. A copy of the nomination form is attached herewith.
Each participant will be required to pay Rs. 1500 (one thousand & five hundred only) as registration fees. Moreover your institute/ participant shall also bear the expenses related to TA, DA and accommodation charges. The accommodation will have to be arranged by the participants. The information regarding nearby hotels is annexed.

The last date for receiving nominations is 20th August, 2014 for both the workshops. Along with nomination forms registration fees of Rs. 1500 per participant should be sent in advance as DD in favor of “Smt NHL MMC STUDENTS UNION- GYMKHANA” payable at Ahmedabad.

If the nominated participant is unable to attend the workshop, kindly ensure to inform us at least 3 days prior to the date of workshop. A serious note will be taken by the MCI observer regarding participants dropping out without communication.

For further queries kindly send email to above mentioned email addresses.

With Best Regards,

Dr Kirti Patel
Convener
MCI Regional Training Centre for Faculty Development
Smt. NHL Municipal Medical College, Ahmedabad
Fax # 079-26579282, e mail address: rtcahmedabad@gmail.com

NOMINATION FORM

Name: ........................................................................

Designation: .....................................................................

Department: ......................................................................

Name of Institute: ................................................................

Address & contact no. of Institute: ...............................................................

Mobile No. # (Mandatory) .................................................................

E-mail Address: (Mandatory & the one you are checking regularly) ..............................................................

Have you attended any training in Education Technology?  Yes □  No □

If yes, the year, place & duration of training .................................................................

Nomination for: 21st RTC workshop (10-12 September, 2014) □

22nd RTC workshop (24-26 September, 2014) □

Signature: ..........................................................  Date: .................................

Signature and stamp of the Head of Department/Unit: ...........................................................

Signature and stamp of the Head of Institute: ......................................................................

Mode of Payment:
Cash / DD / Cheque No. ______________________ dated ______________ of _________________________________ (Bank-Branch)

Note: For any queries, kindly contact at above mentioned e-mail address.
### Annexure: List of nearby hotels (within 1 km distance)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>HOTEL</th>
<th>ROOM CHARGES* (In Rs)</th>
<th>Room Type</th>
</tr>
</thead>
</table>
| 1       | Hotel Maruti (nearest)  
Pritamnagar, Ellisbridge,  
Ahmedabad-380006  
Ph: 079-26589871  
Fax: 079-26589875  
Email: info@hotelmaruti.com  
Website: www.hotelmaruti.com | 900/- single occupancy  
1100/- double occupancy  
1050/- single occupancy  
1250/- double occupancy | AC  
Executive AC |
| 2       | Hotel Accolade  
Opp. Gujarat College,  
Ellisbridge, A’bad – 06  
Ph: 079-26561016-17-18  
Fax: 079-26563000  
Email: info@hotelaccolade.com  
Website: www.hotelaccolade.com | 950/- single occupancy  
1150/- double occupancy | AC |
| 3       | Hotel Kanth Palace (Hotel Neelkanth Inn)  
Opp. Navchetan School,  
Paldi Cross Roads,  
Paldi, A’bad – 07  
Telefax: 079-26574384  
E-mail: inn@neelkanthhotels.com | 800/- single occupancy  
1000/- double occupancy | Non AC |
| 4       | Hotel Neelkanth Sahara  
2nd Floor, Iscon Square,  
Opp. Kothawala Flats,  
Paldi, A’bad – 07  
Telefax: 079-66615145  
E-mail: mansukh@sahara.neelkanthhotels.com | 600/- single occupancy  
700/- double occupancy  
800/- single occupancy  
1000/- double occupancy  
1000/- single occupancy  
1200/- double occupancy | Non AC  
AC-deluxe  
AC-Royal-deluxe |
| 5       | Ahmedabad Medical Association (AMA) Guest House  
Behind Handloom House, Ashram Road  
(Office timing: 12-6 pm)  
Phone No. 079-26587370, M: 09879026997 | 400/- single occupancy  
650/- double occupancy | AC |

@ Limited no. of rooms available  
* Current tariffs may be revised
# Medical Education Unit

<table>
<thead>
<tr>
<th>Designation</th>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman</td>
<td>Dr. A H Vyas</td>
<td>Dean</td>
<td>Anesthesia</td>
<td><a href="mailto:deangmers@yahoo.com">deangmers@yahoo.com</a></td>
</tr>
<tr>
<td>Co-Ordinator</td>
<td>Dr. Bipin Nayak</td>
<td>Professor</td>
<td>Obst. &amp; Gynaec</td>
<td><a href="mailto:drbipinnayak@gmail.com">drbipinnayak@gmail.com</a></td>
</tr>
<tr>
<td>Member</td>
<td>Dr. J. G. Buch</td>
<td>Professor</td>
<td>Pharmacology</td>
<td><a href="mailto:drjgbuch@hotmail.com">drjgbuch@hotmail.com</a></td>
</tr>
<tr>
<td>Member</td>
<td>Dr. S. S. Saiyad</td>
<td>Professor</td>
<td>Anatomy</td>
<td><a href="mailto:drsssaiyad@gmail.com">drsssaiyad@gmail.com</a></td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Jasmin Diwan</td>
<td>Professor</td>
<td>Physiology</td>
<td><a href="mailto:drjasmindiw@gmail.com">drjasmindiw@gmail.com</a></td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Shobhna Gupta</td>
<td>Professor</td>
<td>Anaesthesia</td>
<td><a href="mailto:guptashobhna@yahoo.com">guptashobhna@yahoo.com</a></td>
</tr>
<tr>
<td>Member</td>
<td>Dr. P. B. Verma</td>
<td>Professor</td>
<td>P.S.M</td>
<td><a href="mailto:drpbverma@gmail.com">drpbverma@gmail.com</a></td>
</tr>
</tbody>
</table>

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GMERS Medical College,
Gandhinagar, Gujarat
Minutes of Meeting

Meeting Details:
Date : 02-July-2014, 11.00 am
Venue : Office of the Dean, GMERS, Gandhinagar
Agenda :
  a. To review the MOM of previous meeting dated 02-April-2014
  b. Discuss regarding next MEU programs
  c. Any other matter with permission of the chair

Following members were present:
1. Dr. Arun Vyas, Dean
2. Dr. J.G.Buch, HOD & Prof. Pharmacology
3. Dr. Mihir Goswami, Asso. Prof. PSM
4. Dr. Dinkar Goswami, Asso. Prof. Medicine
5. Dr. Rupal Gautam, Asso. Prof., Anatomy
6. Dr. Rima Shah, Asst. Prof. Pharmacology

Dr. Hitesh Vyas, Asso. Prof. Ophthalmology was granted absence due to his other official work.

Following issues were discussed:
1. Meeting was chaired by the Dean, GMERS Gandhinagar. He welcomed the participants.

2. The Chair directed all the committee members to ensure that proper coordination should be done before any MEU activities.
   a. Any MEU activity should be carried out only after meeting of all committee members and taking consensus.
   b. Work distribution to committee members should be done after decision of carrying out MEU activity.
   c. After completion of any MEU activity, proper Record Notes should be prepared and filed within 5 days.
   d. All correspondence and MOMs should be documented and filed.

3. Status report on activities carried out in past was recorded as under
   a. CME in ENT department on 5th April 2014.
   c. Teachers Training Program in conjunction with MEU of NHL Medical College on 09-10-11 April 2014. The committee noted the support of NHL with gratitude.
   d. CME on Tele-Medicine on 25-June-2014.

4. Following future activities of MEU were Proposed
   a. CME on Pharmaco-Vigilance for SR and JR
   b. CME on Micro Teaching for GMERS staff
   c. Teachers Training Program for new recruits, by OCT-NOV 2014

5. Meeting ended with thanks from the Dean.

Circulation:
1. All participants
2. Office of the Dean

MOM authorised by
OFFICE ORDER:

Meeting of Medical Education Unit is scheduled on Wednesday, 02/07/2014 at 12.30 p.m in the College Council Room.

The Agenda for the meeting shall be:

1. To Review the Minutes of last meeting.
2. Discussion about MEU Program.
3. Any other matter with the permission of the chair.

To,

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. J.G. Buch</td>
<td>Prof.</td>
<td>Pharmacology</td>
</tr>
<tr>
<td>Dr. Hitesh Vyas</td>
<td>Asso.Prof</td>
<td>Ophthamology</td>
</tr>
<tr>
<td>Dr. Mihir Goswami</td>
<td>Asso.Prof</td>
<td>P.S.M.</td>
</tr>
<tr>
<td>Dr. Rupal Gautam</td>
<td>Asso.Prof</td>
<td>Anatomy</td>
</tr>
<tr>
<td>Dr. Dinkar Goswami</td>
<td>Asso.Prof</td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. Reema Shah</td>
<td>Asst.Prof</td>
<td>Pharmacology</td>
</tr>
</tbody>
</table>

Dean

GMERS Medical College,
Gandhinagar
### MEDICAL EDUCATION UNIT

List of teachers Undergone training of Medical Education technology

<table>
<thead>
<tr>
<th>NO</th>
<th>Faculty</th>
<th>Designation</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DR ABHIJIT YADAV</td>
<td>TUTOR</td>
<td>PHARMACOLOGY</td>
</tr>
<tr>
<td>2</td>
<td>DR ASHVIN VADHER</td>
<td>TUTOR</td>
<td>BIOCHEMISTRY</td>
</tr>
<tr>
<td>3</td>
<td>DR ASHVIN RATHOD</td>
<td>TUTOR</td>
<td>COMMUNITY MEDICINE</td>
</tr>
<tr>
<td>4</td>
<td>DR CHIRAG OZA</td>
<td>TUTOR</td>
<td>BIOCHEMISTRY</td>
</tr>
<tr>
<td>5</td>
<td>DR CHIRANJEEV VAGHELA</td>
<td>TUTOR</td>
<td>COMMUNITY MEDICINE</td>
</tr>
<tr>
<td>6</td>
<td>DR DHARA PATEL</td>
<td>ASSO. PROF.</td>
<td>ANAESTHESIA</td>
</tr>
<tr>
<td>7</td>
<td>DR HIREN SANGHANI</td>
<td>ASST. PROF.</td>
<td>BIOCHEMISTRY</td>
</tr>
<tr>
<td>8</td>
<td>DR JAYSHREE PRAJAPATI</td>
<td>ASST. PROF.</td>
<td>ANAESTHESIA</td>
</tr>
<tr>
<td>9</td>
<td>DR KAMLESH NINAMA</td>
<td>ASST. PROF.</td>
<td>MEDICINE</td>
</tr>
<tr>
<td>10</td>
<td>DR KRUNAL RATHOD</td>
<td>TUTOR</td>
<td>BIOCHEMISTRY</td>
</tr>
<tr>
<td>11</td>
<td>DR MIKU S PATEL</td>
<td>TUTOR</td>
<td>BIOCHEMISTRY</td>
</tr>
<tr>
<td>12</td>
<td>DR MUKUL PANDIT</td>
<td>PROF.</td>
<td>ORTHOPAEDICS</td>
</tr>
<tr>
<td>13</td>
<td>DR NISHITA JETHVA</td>
<td>TUTOR</td>
<td>ANATOMY</td>
</tr>
<tr>
<td>14</td>
<td>DR PANKAJ GARG</td>
<td>ASST PROF.</td>
<td>MEDICINE</td>
</tr>
<tr>
<td>15</td>
<td>DR PAYAL RAVAL</td>
<td>TUTOR</td>
<td>MICROBIOLOGY</td>
</tr>
<tr>
<td>16</td>
<td>DR PURAV PATEL</td>
<td>TUTOR</td>
<td>MICROBIOLOGY</td>
</tr>
<tr>
<td>17</td>
<td>DR RAJESH KATARA</td>
<td>ASSO. PROF.</td>
<td>MICROBIOLOGY</td>
</tr>
<tr>
<td>18</td>
<td>DR RASHI MEHTA</td>
<td>TUTOR</td>
<td>PATHOLOGY</td>
</tr>
<tr>
<td>19</td>
<td>DR SONAL DAYAMA</td>
<td>TUTOR</td>
<td>COMMUNITY MEDICINE</td>
</tr>
<tr>
<td>20</td>
<td>DR YOGESH RATHVA</td>
<td>ASST PROF.</td>
<td>OB &amp; GY</td>
</tr>
<tr>
<td>21</td>
<td>DR YOGESH UMARANIYA</td>
<td>TUTOR</td>
<td>ANATOMY</td>
</tr>
<tr>
<td>22</td>
<td>DR YOGESH MODIYA</td>
<td>ASST PROF.</td>
<td>SURGERY</td>
</tr>
<tr>
<td>23</td>
<td>DR AMIT JOSHI</td>
<td>TUTOR</td>
<td>FORENSIC MEDICINE</td>
</tr>
<tr>
<td>24</td>
<td>DR DHAVAL J PATEL</td>
<td>ASST PROF.</td>
<td>ORTHOPAEDICS</td>
</tr>
<tr>
<td>25</td>
<td>DR PARESH VORA</td>
<td>ASST PROF.</td>
<td>MEDICINE</td>
</tr>
<tr>
<td>26</td>
<td>DR BHAVESH MODI</td>
<td>ASSO PROF.</td>
<td>COMMUNITY MEDICINE</td>
</tr>
</tbody>
</table>

Near Pathikashram, General Hospital, Gandhinagar : 380021. Gujarat
Phone: (079) 232 Fax: (079) 232  email: deangmersmcg@gmail.com
OFFICE ORDER:-

Monthly Meeting of College Council scheduled on **07/06/2014, Saturday** at **12.00** in the College Council Room, G.M.E.R.S Medical College Gandhinagar. All the HODs are here by Instructed to remain present.

The Agenda for the Meeting shall be:

1. To Review the Minutes of last meeting.
3. Status of SR/JR.

Dean

GMERS Medical College,
Gandhinagar

Copy Forward To:

1. All Department, H.O.D.
2. Medical Superintendent, G.M.E.R.S General Hospital, Gandhinagar.
Office Order

Subject: - Regarding Permission of "training NHL Basic workshop".

In reference to their application, following faculties are permitted to go for "Training in Medical Educational Teaching Technologies basic workshop" at Near Library Room, G.M.E.R. SMEDICAL COLLEGE GANDHINAGAR From - 09 to 11 April 2014. Time:- 9.00A.M

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DR NISHITA JETHVA</td>
<td>Tutor</td>
<td>Anatomy</td>
</tr>
<tr>
<td>2</td>
<td>DR RAJENDRA LORIYA</td>
<td>Tutor</td>
<td>Anatomy</td>
</tr>
<tr>
<td>3</td>
<td>DR YOGESH UMARANIYA</td>
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<td>4</td>
<td>DR DHARA PATEL</td>
<td>Associate Professor</td>
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<td>DR JASHRI P PRAJAPATI</td>
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<td>DR ASHVIN VADHER</td>
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<td>DR CHIRAG M OZA</td>
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<td>DR HIREN I SANGHANI</td>
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<td>DR KRUNAL RATHOD</td>
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<td>DR AMIT JOSHI</td>
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<td>DR PANKAJ GARG</td>
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<td>DR MUKUL PANDIT</td>
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<td>DR BHAVESHE MODI</td>
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<td>DR YOGESHKUMAR NANJIBHAI MODIYA</td>
<td>Assistant Professor</td>
<td>Surgery</td>
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Copy To,
Concerned Officers, (Through H.O.D)

Copy forward To- 1) C.E.O, G.M.E.R. Society, Gandhinagar.
2) Medical Supt. G.M.E.R.S Medical College & Hospital Gandhinagar
Minutes of Meeting.

Meeting Details:

Date: 02/04/2014 11.00 a.m.
Venue: Dean Office, G.M.E.R.S Medical College Gandhinagar.

Agenda:

a. To review the MOM of previous meeting dated 02/04/2014
b. Discuss regarding next MEU programs.
c. Any other matter with permission of the chair.

Following members were present.

Dr. A H Vyas - Dean.
Dr. J. G. Buch - Proff Pharmacology.
Dr. S. S. Saiyad - Proff Anatomy.
Dr. Jasmin Diwan - Proff Physiology.
Dr. Shobhna Gupta - Proff Pharmacology.
Dr. Bipin Nayak - Proff Pharmacology.
Dr. P. B. Verma - Proff Pharmacology.

Dr. Hitesh Vyas, Asso. Proff Ophthalmology was granted absence due to his other official work.

Following issues were discussed:

1. Meeting was chaired by the Dean, G.M.E.R.S Medical College Gandhinagar. He welcomed the participants.
2. The Chair directed all the committee members to ensure that proper co-ordination should be done before any MEU activities.
   a. Any MEU activity should be carried out only after meeting of all committee members and taking consensus.
   b. Work distribution to committee members should be done after decision of carrying out MEU activity.
   c. After completion of any MEU activity, proper Record Notes should be prepared and filed within __ days.
   d. All correspondence and MOMs should be documented and filed.
3. Status report on activities carried out in past was recorded as under.
   a. CME in ENT department on 5th April 2014.
   c. Teachers Training Program in conjunction with MEU of NHL Medical College on 09-10-11 April. The committee noted the support of NHL with gratitude.
   d. CME on Tele-Medicine on 25th June-2014.
4. Following future activities of MEU were Proposed.
   a. CME on Pharmaco-Vigilance for SR and JR.
   b. CME on Micro Teaching for GMERS staff.
5. Meeting ended with thanks from the Dean.

MOM authorized by

Circulation:
1. All participants.
2. Office of the Dean.
OFFICE ORDER:

Meeting of Medical Education Unit is scheduled on Wednesday, 02/04/2014 at 12.30 p.m in the College Council Room.

The Agenda for the meeting shall be:

1. To Review the Minutes of last meeting.
2. Discussion about MEU Program.
3. Any other matter with the permission of the chair.

To,

Name  | Designation  | Department  
Dr. J.G.Buch  | Prof.  | Pharmacology  
Dr. Hitesh Vyas  | Asso.Prof.  | Opthalmology  
Dr. Mihir Goswami  | Asso.Prof.  | P.S.M.  
Dr. Rupal Gautam  | Asso.Prof.  | Anatomy  
Dr. Dinkar Goswami  | Asso.Prof.  | Medicine  
Dr. Reema Shah  | Asst.Prof.  | Pharmacology
OFFICE ORDER:-
College Council Meeting
Minutes of the Meeting (09-04-2014)
The meeting of the College Council was held in College Council Room on 09-04-2014 at 11:30 a.m.

Following members were present:

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Dr. Ashish U. Katarkar, Professor and Head, Department of ENT could not attend the meeting due to personal reasons and had the prior permission of the Dean.
The Dean chaired the meeting and welcomed all the members. The following discussions were held and decisions were taken:

1. The council members discussed regarding the various instruments required by the respective departments with regards to the MCI requirements and their workload in the departments. All the Head of the Departments were instructed to submit their requirement in proper format within due time to the office of the Dean.

2. Council discussed the way forward to implement requirement by MCI for the Third Renewal. Council discussed the preparation for the next year upcoming MCI Inspection.

3. The Council Members also discussed the irregularities in some department found on the day of the MCI inspections. The respective departments were instructed to do the needful action.

4. Council also decided to get registration of new Faculties for the Biometric Machine. It was unimomously decided to check the regularities of the faculties in the college by the way of Biometric machine. All the HODs were instructed orally for instruction to their department.

5. First MBBS departments i.e Anatomy, Physiology, Biochemistry were instructed to check the students attendance as per the MCI and Gujarat University guidelines as the students are going to have their university examination in next months.

6. To generate a facilitating environment, a core coordination group will work under the chairmanship of the Dean and all the Departments will be involved. The group will indentify the formal and informal activities to achieve the objective. (Action: The Dean)

7. The members also discussed about information centre and research lab at the institutional level and decided to identify the latest resources of this activity, e.g. virtual library.

The Dean thanked all members and the meeting was concluded.

Dean,
GMERS Medical College
Gandhinagar.

Copy To:
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(2) College Council File
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Dean,
GMERS Medical College
Gandhinagar.

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OFFICE ORDER:

Monthly Meeting of College Council Will be On **Wednesday,**
**09/04/2014** at **11.30 A.M** in the College Council Room.

Dean

GMERS Medical College
Gandhinagar

Copy Forward To:

1. All Department of H.O.D

પરीપત:-

બિષય:- 1ા Advance Course (29th September-2nd October, 2014)માં ઢેટી મોડ્લા વાખત.

આધી તમામ વિભાગના વયાસીઓ જાણવામાં આવે છે કે Smt. N.H.L Municipal Medical College Ahmedabad આટલી તા.28/08/2014 થી 02/10/2014 વિશે 1ા Advance Course નુ આયોજણ કર્યું છે. જે ઢેટીઓએ વેશાદન વિકષેપની ટ્રેનિંગ અંગે લિખિત કોલ શી તેવા મહત્વની પ્રિયાપની ઉપરના ઢેટીના નામના યાદી નિયંત કર્મ બધી મોડ્લી અપવા તમામ વિભાગના વયાસીઓને જાણવામાં આવે છે.

તમામ ઢેટીઓ (આસી.પ્રો/અસી.પ્રો/પ્રોડેસર) 1ા Advance Course માં શી નામની યાદી ડિન-2 માં મોડલા રહ્યો, જે સત્તલ વિભાગના વયાસીઓ મોટા લખ્તી.

ઘ.મહેંદ્રઆરયસ્સ મેડિકલ કોલેજ, ગાંધીનગર.

નિશ, વિભાગના વયાસી (એનેટોમી/ કૌશ્યોલોજી/ વાયોમેક્સોલીઝ/ ફાર્મેકોલીઝ/ માક્રોગોનોલીઝ/ પી.એસ.એમ. / એસ.એમ. / વર્ચ્યુલેશન / સિદ્ધિ / સારદાએડ / સીન વીડિ / પિડીએડ / ટી.એ / એડોન / એનાસેટેસી / રેડિયોલોજી / ફોર્ટોપીડિક / એનયાલયોલીઝ / ડેટલ નુ જાણ તથા અસમા સાધુ

નકલ: રાયાન:-
તાબીટી અધિકારી, જ્યોમેન્દ્રઆરયસ્સ મેડિકલ કોલેજ સલામ હોસ્પિટલ ગાંધીનગર તરફે યાદી અંકણ કરવા સાધુ.
Smt. NHL Municipal Medical College, Ahmedabad  
MCI Nodal Centre for Faculty Development

Registration Form
1st Advance Course
(29th September – 2nd October, 2014)

Name
Designation
Department
Institution
Qualification
Medical Council Registration
  Registration No. _________ Council
  Registration No. _________ Council
Total Teaching Experience
  __________________________ (Assistant Professor & Above)
Mobile number
Email address
  __________________________ (mandatory, write legibly)
MCI Basic Course Details
  Dates: __________ to __________ (attach certificate photocopy)
  Place: RTC __________ / Institute __________
Are you a Faculty member of MEU: Yes / No
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)

____________________________

Declaration: I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: __________
Place: __________
Signature of the candidate

Recommendation by the Dean / Principal

I recommend the nomination of Dr. ______________________ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date: __________
Place: __________
Signature of the Dean / Principal (with stamp/seal)
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DEAN
GMERS MEDICAL COLLEGE
GANDHINAGAR
विषय:- 1st Advance Course (29th September-2nd October, 2014) में केंद्री मोक्तादेव आम्बत.

आधी तमाम विलागैं वडाश्रीयों ने ज्ञानवांमाला आये हैं के Smt. N.H.L. Municipal Medical College Ahmedabad आते तार. 28/08/2014 थी 02/10/2014 दिन-क मारे 1st Advance Course ने आयोजन करेगा है. ज्ञानवांतोंके एक्सड विकासप्पणी टैनीज अगाउ लिखित हो जाए महत्त्वपूर्ण प्राध्यापकांकी उपर्युक्त केंद्री नामिनी यादी विषय ब्रांज रक्षण मोक्ताली आपवाता तमाम विलागैं वडाश्रीयों ने ज्ञानवांमाला आये हैं.

तमाम केंद्री (आसी.प्रो./ब्रो.प्रो./प्रोफेसर) 1st Advance Course में ज्ञान नामिनी यादी दिन-क मारे मोक्ताली रहेगी, जिस सर्वे विलागैं वडाश्रीयों नाप सेवी.

प्रिय, विलागैं वडाश्री (अनेकांमा/कंजॅयॉलोजी/वॉयर्डमेडी/धर्मीलोजी/माइक्रोबियॉलोजी/पिजलोजी/प्री.च्यु.चम./प्रव.चम./मेडीसिन/सरकारी/से.अन.टी./साधूत्याट्रिकी/स्किन बीडी/पीडीएडीट्रिकी/टी.वी.अेस्ट/आवनक/अनेकांसीया/रेड्डीयॉलोजी/अथोपिडीक/अथालोजी/उन्नत ने ज्ञान तथा अभ्यास साराम

नाम रचावलय:-
तमाम अधिकारी, ज्ञानवांमा अथेव्स मोक्ताल कोलेज सलन हॉस्पिटल गांधीनगर, तर्क ज्ञान तेंगज अभ्यास करावा साराम
Smt. NHL Municipal Medical College, Ahmedabad
MCI Nodal Centre for Faculty Development

Registration Form
1st Advance Course
(29th September – 2nd October, 2014)

Name

Designation

Department

Institution

Qualification

Medical Council Registration
Registration No. Council

Registration No. Council

Total Teaching Experience

Mobile number

Email address

MCI Basic Course Details
Dates: to (attach certificate photocopy)

Place: RTC / Institute

Are you a Faculty member of MEU: Yes / No

Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)


Declaration: I have completely read the announcement of the Advance course and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 

Place: 

Signature of the candidate

Recommendation by the Dean / Principal

I recommend the nomination of Dr. for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date: 

Place: 

Signature of the Dean / Principal (with stamp/seal)
Smt. NHL Municipal Medical College, Ahmedabad  
MCI Nodal Centre for Faculty Development  

1st Advance Course in Medical Education

To,
The Dean  
KMERS Medical College  
Gandhinagar

Dear Sir/Madam,

Greetings from MCI Nodal Centre, NHLMMC, Ahmedabad.

The MCI Nodal Centre for Faculty Development at Smt. NHL Municipal Medical College, Ahmedabad is happy to announce its 1st Advance Course in Medical Education.

The first contact session of the 1st Advance Course will be from 29th September 2014 to 2nd October, 2014.

Please find attached the official announcement with nomination form for the 1st Advance Course in Medical Education.

The Centre invites nominations from different medical colleges allotted to NHLMMC as a Nodal Centre.

We have received the list of colleges under NHLMMC as a Nodal Centre from MCI. However, the list is not updated & key contact information is also missing. Kindly update the information of your institute with us, including the contact details of Dean/Principal & MEU Coordinator.

For any queries related to Advance Course, kindly email us on nodalcentre@nhlmmc.edu.in or rtcamedabad@gmail.com

With Best Regards  
Dr. Kirti Patel  
Convener, Nodal Centre  
Department of Medical Education  
3rd Floor, Smt. NHL Municipal Medical College  
Ellisbridge, Ahmedabad-380006  
Gujarat, INDIA

kirtipatel1954@gmail.com  
09712967905

You can remain in touch with us through our facebook webpage  
https://www.facebook.com/RTCNHLMCC  
"Like" it & stay updated
Smt. NHL Municipal Medical College, Ahmedabad  
MCI Nodal Centre for Faculty Development

1st Advance Course

Dr. Kirti Patel  
Convener

Dr. Aparajita Shukla  
Co-convener

1st Advance Course (29th September – 2nd October, 2014)

Based on the experiences and feedback from the basic course workshops in medical education technology and with the background that a large number of medical teachers across the country are now trained in basic course, Medical Council of India (MCI) has recognized the need for advancing the field of medical education to provide deeper knowledge and skills to medical teachers so that they are able to lead educational changes which make medical education responsive to the health needs of the society. Therefore, MCI has rolled out Advance Course in Medical Education. For this purpose MCI has upgraded 10 Regional Centres as Nodal Centres. We are pleased to share that our centre is one of these newly established Nodal Centres. Your institute/college has been allotted to our Nodal Centre - Smt. N.H.L. Municipal Medical College, for the purpose of Advance course. With these, we would like to share details of advance course with a request to nominate faculty members from your college for this advance course. A brief summary of important decisions regarding advance course as suggested by academic council and approved by the executive committee of MCI is as under.

Advance Course in Medical Education

GOAL: To develop educational practitioners who can lead educational changes in their institution to make medical education responsive to the health needs of the society.

OBJECTIVES:

- To develop educational leaders
- To build capacity of medical faculty to become effective facilitators of learning
- To develop ability in medical faculties to take better pedagogic decisions
- To promote self learning & reflective learning in classroom situations
- To promote educational networking
- To develop a community of learners
- To develop participants as effective resource persons for the basic course at their own institutions
- To empower faculty members to implement and sustain educational innovations in their institutions
- To augment the use of ICT devices in teaching learning processes
ELIGIBILITY Criteria:

- Successful completion of the MCI Basic Course Workshop in Medical Education Technology
- Atleast 3 years of teaching experience (Assistant Professors & above)
- Recommendation from Dean / Principal of the institute

It is worth noting that active members of the MEU, faculty members of Basic Course Workshop, faculty members with awards in educational related field or educational publications may be given priority in case of over-registration and selection by the Nodal Centre.

REGISTRATION Fee:
Rs. 10,000 / participant / course (NON-REFUNDABLE which includes 2 contact sessions and online learning during the entire course) DD of the course fees need to be submitted only after confirmation of the participation from the Nodal Centre, But before the commencement of the course.

N.B. Participants also need to make their own arrangements for travel and stay during the contact sessions.

Course Outline & Details:
Total duration of the course is 1 year. There will be two contact sessions at the Nodal Centre (Smt. NHL Municipal Medical College, Ahmedabad) with an interval of approximately 6 months for online learning and implementation of curriculum innovation project. Complete attendance, active participation, completion of educational project, poster presentation of the completed project and satisfactory performance in assessment criteria will be considered for successful course completion.

Note:
It may be worth noting that Medical Council of India has also prescribed the minimum qualification for a teacher to be considered as a resource faculty in basic course workshop on medical education technology (minutes of the meeting of experts group held on 7th September 2013) which is as under

1. Have undergone a basic course workshop in Medical Education Technology at allocated Regional Training Centre
2. Has received MCI approved additional educational qualification or training like MMed, MHPE, DME, Advance Course, FAIMER etc.

In case the faculty of your college, conducting basic course workshop in Medical Education Technology at your institute, do not have any of these, they will not be counted as faculty member for the basic course. This advance course gives an excellent opportunity to such resource faculty members of your MEU to strengthen their competencies in the field of medical education and fulfilling the criteria requirement of a MEU faculty member.
Some other points worth noting regarding the advance course...

- It is the responsibility of the Dean to ensure that 30% of faculty at all levels and across all specialties who have undergone MCI Basic Course Workshop for Faculty Development would undergo this training in a phasic manner.
- As informed by MCI, Participation in MCI Advance Course Workshop in MET would be made as an incentive to promotion and recruitment rules in near future.

Registration for the course is now open. The last date for registration is 15th September 2014.

A printout of registration form duly filled by the faculty and forwarded with recommendation by the Dean of the institute needs to be submitted to the convener at the address mentioned below. Kindly submit scan copy of the completed form & other certificates of attachment first by email to nodalcentre@nhlmmc.edu.in

Dr. Kirti Patel  
Convener, Nodal Centre  
Department of Medical Education  
3rd Floor, Smt. NHL Municipal Medical College,  
Ellisbridge, Ahmedabad.  
Kirtipatel1954@gmail.com  
09712967905
Smt. NHL Municipal Medical College, Ahmedabad
MCI Nodal Centre for Faculty Development

Nomination Form
1st Advance Course
(29th September – 2nd October, 2014)

Name
__________________________

Designation
__________________________

Department
__________________________

Institution
__________________________

Qualification
__________________________

Medical Council Registration
Registration No. ____________ Council __________________
Registration No. ____________ Council __________________

Total Teaching Experience
__________________________________________________________________________
(Attach certificate photocopy)

Mobile number
__________________________

Email address
__________________________

MCI Basic Course Details
(Mandatory)
Dates: ___________ to ___________ / Institute ______________

Are you a Faculty member of MEU: Yes / No

Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications) ____________________________________________
__________________________________________________________________________

Declaration: I have completely read the announcement of the Advance course and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: ________________

Place: ________________

Signature of the candidate

Recommendation by the Dean / Principal

I recommend the nomination of Dr. ____________________________ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months

Date: ________________

Place: ________________

Signature of the Dean / Principal (with stamp/seal)
Smt. NHL Municipal Medical College, Ahmedabad
MCI Nodal Centre for Faculty Development

Registration Form
1st Advance Course
(29th September – 2nd October, 2014)

Name
Dr. Parekh B. Shiladaria

Designation
Associate Professor

Department
Pathology

Institution
Gujarat Medical College and Research Institute

Qualification
MD Pathology

Medical Council Registration
Registration No. ____________ Council ________
Registration No. ____________ Council ________

Total Teaching Experience
8 yrs. (Assistant Professor & Above)

Mobile number
8906309646

Email address
pbs.myp14@yahoo.com (mandatory, write legibly)

MCI Latest Course Details (Mandatory)
Dates: 14/2/13 to 21/2/13 (attach certificate photocopy)
Place: RTC / Institute: V.S. Medical College

Are you a Faculty member of MEU: Yes / No

Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)
1 publication in international journal
2 publications in national journal

Declaration: I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/1/14

Place: Gandhi

Signature of the candidate

Recommendation by the Dean / Principal

I recommend the nomination of Dr. ________________________ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date: ______________

Place: ____________

Signature of the Dean / Principal (with stamp/seal)
Smt. NHL Municipal Medical College, Ahmedabad
MCI Nodal Centre for Faculty Development

Registration Form
1st Advance Course
(29th September – 2nd October, 2014)

Name
DR. PIYUSH ASHOK BHAT PATEL

Designation
ASSOCIATE PROFESSOR PATHOLOGY

Department

Institution
LUMERS MEDICAL COLLEGE, Gandhinagar

Qualification

Medical Council Registration
Registration No. 06-3335 Council (MCI)
Registration No. 06-14810 Council (MCI)

Total Teaching Experience
10 YR

Mobile number
9327957088

Email address
piyush DOJTB @ yahoom.com (Mandatory, write legibly)

MCI Basic Course Details
Dates: 19/12/13 to 21/12/13 (attach certificate photocopy)
Place: RTC / Institute

Are you a Faculty member of MEU: Yes / No

Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications):

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Declaration: I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/9/14
Place: Gandhinagar

Recommendation by the Dean / Principal

I recommend the nomination of Dr. _____________________________ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date:
Place:

Signature of the Dean / Principal (with stamp/ seal)
Medical Council of India

Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. Payush A. Patel, Asso. Prof. Pathology, has participated in the Basic Course Workshop in Medical Education Technologies held during 19th-21st February, 2013 by the Regional Centre for Faculty Development, Smt. NHL Municipal Medical College, Ahmedabad, Gujarat.

This program provides you 12 credit hours.

Dr. Payush A. Patel
Convener, Conclave, MCI

Dr. M. Rajakshikhi
Convener, Academic Cell, MCI

Dr. (Mrs.) Kirti Patel
Dean
Smt. NHL Municipal Medical College, Ahmedabad
MCI Nodal Centre for Faculty Development

Registration Form
1st Advance Course
(29th September – 2nd October, 2014)

Name: DR. NIKUNJ B. JHAR
Designation: Associate Professor, Pathology
Institution: G.M. E.R.S. Medical College, Gandhinagar
Qualification: M.D. (Pathology)
Medical Council Registration: G-6658, Council of Gujarat, Medical Council, (Assistant Professor & Above)
Mobile number: 9827728929
Email address: gmb4219871@gmail.com
MCI Basic Course Details (Mandatory):
Dates: 24/08/2014 to 26/09/2014
Place: RTC, Institute
Are you a Faculty member of MEU? Yes / No
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)

Declaration: I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be deemed in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 18/9/2014
Place: Gandhinagar

Recommendation by the Dean / Principal
I recommend the nomination of Dr. ________________ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date: ____________
Place: ____________
Signature of the Dean / Principal (with stamp/seal)
Medical Council of India

Basic Course Workshop in Medical Education Technologies

Certificate of Participation

GMCt. S. Gandhinagar has participated in the Basic Course Workshop in Medical Education Technologies held during 24 to 26 February, 2014 at the Regional Centre for Faculty Development, Smt. NHC Municipal Medical College, Ahmedabad, Gujarat.

Dr. M. Rajalakshmi
Chief Consultant, Academic Cell, MCI

Dr. (Mrs.) Kiran Patel
Convener

Pankaj R. Patel
Dean
Registration Form
1st Advance Course
(29th September – 2nd October, 2014)

Name
DR. BHASKAR B. THAKKAR

Designation
ASSOCIATE PROFESSOR

Department
PATHOLOGY

Institution
G.M.E.R.S. MEDICAL COLLEGE AND HOSPITAL

Qualification
M.D. PATHOLOGY

Medical Council Registration
Registration No. G-31876 Council GUJARAT MEDICAL COUNCIL
Registration No. G-15084 Council GUJARAT MEDICAL COUNCIL

Total Teaching Experience
3 YEARS 1 MONTH as ASSOCIATE PROFESSOR

Mobile number
9426330900

Email address
bhaskar1943@yahoo.com

MCI Basic Course Details
Dates: 2nd to 4th April, 2012
Place: RTC KARANGAN INSTITUTE G.M.E.R.S. MEDICAL COLLEGE AND HOSPITAL

Are you a Faculty member of MEU : Yes / No

Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)

D. Publications in National Journals.
1. NABL Basic 2003 and 2012 Gap Analysis Training.

Declaration: I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons whatsoever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 18/9/2014

Place: GANDHINAGAR

Signature of the candidate

Recommendation by the Dean / Principal

I recommend the nomination of Dr. for the advance course. I have verified that the information filled by the above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full-time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date:
Place:

Signature of the Dean / Principal (with stamp/seal)
Certificate of Participation

This is to certify that Dr. Bhagwan Thakkar has participated in the "Basic Course in Pathology Workshop" in Medical Education Technologies conducted by Regional Centre in Surendranagar from 02nd to 04th April, 2012.

MCI Regional Centre for Medical Education and Technologies
Pramukhsawami Medical College, Karamsad

Dr. Praveen Singh
MCI Observer
P. S. Medical College

Dr. H. H. Agrawal
Dean
C. U. S. Medical College

Dr. Sanjay Mehta
Coordinator, MEU
C. U. S. Medical College

DEAN
GMERS Medical College
Gandhinagar (Gujarat)


પ્રિતી,

ડી નાંખટી

જ્યોમધ્વજ્યસ મેડિકલ કોલેજ

ગાંધીનગર

**બિસઠા:-** 1st Advance Courseમાં કેટરના નામ મોકલાવા માટે.

**સંપર્ક:-** કમાંક જ્યોમધ્વજ્યસ મેડિકલ & 1st Advance Course/4405/05/06/2014નો પત્ર.

સરસના સહકાર,

ઉપરેકત વિષય પર સવિવિધ જાણવાનું કે મેડિકલ વિદાયિત થી નિયે મૂકદાન કેટરના નામની યાતી આ કોમ સાથે મોકલી આપીયે છીએ.

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<th>કેટરના નામ</th>
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<th>મોબાઇલ નંબર</th>
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<td>ઓસોસીઓટ પ્રોકેસર</td>
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અપનો વિશ્વાસ,

યોમારના વડા

મેડિકલ વિદાયિત

જ્યોમધ્વજ્યસ મેડિકલ કોલેજ

ગાંધીનગર.

અમદાવાદ વધુ- ત્રશીદિશી અભિવક્તિશી, GMERS MCH Gnagar

D/1322 vini

73
Smt. NHL Municipal Medical College, Ahmedabad
MCI Nodal Centre for Faculty Development

Registration Form
1st Advance Course
(29th September - 2nd October, 2014)

Name: Dr. Parul Bhatt
Designation: H.O.D. of Medicine
Department: Internal Medicine
Institution: Smt. NHL Municipal Medical College
Qualification: M.D. (Medicine)
Registration No. MCI of Gujarat
Registration No. Gujarat Council
Medical Council Registration

Total Teaching Experience: 18 years
(Mandatory, write legibly)

Mobile number: 9878599592
Email address: Parul.Bhatt30@yahoo.com

MCI Basic Course Details (Mandatory)
Dates: 15th to 21st Dec
(attach certificate photocopy)
Place: RTC / Institute: MCI Surat

Are you a Faculty member of MEU: Yes / No
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)
One Article in 2011, One original article in JMRM - 2012, One Article in GMRJ - 2013, Two

Declaration: I have completely read the announcement of the Advance course in and I agree to participate full-
time in both the contact sessions of the course. I understand that the certificate of my participation will be
denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be
final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I
understand that the invitation for the second contact session will be based on my participation and
satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/11/2014
Place: Gandhinagar
Signature of the candidate

Recommendation by the Dean / Principal

I recommend the nomination of Dr. for the advance course. I have
verified that the information filled by above candidate is correct and fullfills the criteria for participation in MCI
advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time
participation in both the contact sessions of the advance course. All logistic and administrative support will be
provided for his/her project work during the intervening 6 months.

Date: 
Place: 
Signature of the Dean / Principal (with stamp/seal)
Smt. NHL Municipal Medical College, Ahmedabad
MCI Nodal Centre for Faculty Development

Registration Form
1st Advance Course
(29th September - 2nd October, 2014)

Name: Dr. Cecil D. Parmar
Designation: Associate Professor
Department: Medicine
Institution: Ahmed Medical College, Ahmedabad
Qualification: MD (Medicine)

Registration No. 6-88155, Council of Medical Education
D-13235, Council of Medical Education

Year 10 months
5 (Assistant Professor & Above)

9913701908 (mandatory, write legibly)
dvececi66@yahoo.co.in

Email address

Are you a Faculty member of MEU: Yes / No
Describe in brief achievements in the field of Medical Education (Education awards / Educational publications)

Declaration: I have completely read the announcement of the Advance course in and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of my participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/9/14
Place: Gm nagar

Signature of the candidate

Recommendation by the Dean / Principal

I recommend the nomination of Dr.________ for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date: ________________
Place: ________________

Signature of the Dean / Principal (with stamp/seal)
Registration Form
1st Advance Course
(29th September – 2nd October, 2014)

Name: Dr. Varshe Aay Shub
Designation: Associate Professor
Department: Medicine
Institution: CMERS Medical College (Gandhinagar)
Qualification: M.D. (Medicine)
Medical Council Registration No.: 215309 Council (Associate Medical)
Registration No.: 45-4299 Council (Associate Medical)
Total Teaching Experience: 6 yrs. 10 mths (Assistant Professor & Above)
Mobile number: 9427791626
Email address: dr. shubvarsha@ gmail.com
MCI Basic Course Details (Mandatory)
Dates: 15th Feb to 20th Feb, 2014
Place: RTC
Institute: Smt. NHL Municipal Medical College, Ahmedabad
Are you a Faculty member of MEU: Yes/No
Describe in brief Achievements in the field of Medical Education (Education awards / Educational publications)
One paper publication in ZMT: Patterns of Endemic, endemic and epidemic of COPING, ENTITIES in urban population of Ahmedabad.

Declaration: I have completely read the announcement of the Advance course and I agree to participate full-time in both the contact sessions of the course. I understand that the certificate of participation will be denied in case of my absence from any session for reasons what so ever. The decision of the organizers will be final in this regard. On Confirmation of my participation, I agree to pay the registration fees as advised. I understand that the invitation for the second contact session will be based on my participation and satisfactory performance in the email discussion forum during the intervening 6 months.

Date: 19/1/14
Place: Gandhinagar
Signature of the candidate

Recommendation by the Dean / Principal
I recommend the nomination of Dr. for the advance course. I have verified that the information filled by above candidate is correct and fulfills the criteria for participation in MCI advance course for Faculty Development. In case of selection, he/she will be relieved duty to enable full time participation in both the contact sessions of the advance course. All logistic and administrative support will be provided for his/her project work during the intervening 6 months.

Date: 
Place: 
Signature of the Dean / Principal (with stamp/seal)
Certificate of Participation

Basic Course Workshop in Medical Education Technologies

Medical Council of India