



**National Medical Commission Nodal Centre for Faculty Development**  
**Maulana Azad Medical College, New Delhi**  
**2<sup>nd</sup> Advance Course in Medical Education (ACME)**  
**21<sup>st</sup> to 25<sup>th</sup> August 2024**

**Last date of application : 15<sup>th</sup> May 2024**

As per the mandate of the National Medical Commission of India, 30% faculty in Medical colleges at all levels across all specialties are to be trained in the “Advance Course in Medical Education.

**Eligibility:**

- Full time faculty members (Assistant Professor and above, as per NMC regulations) with at least 3 years teaching experience (senior resident/tutor/demonstrator period will not be considered)
- Successful completion of RBCW/BCME.

**Application procedure:**

- The application form can be downloaded from the website <https://mamc.delhi.gov.in>
- Completed application form have to be sent to the address given below:  
*Department of Medical Education, Room No 317 (Third Floor, Above Dean office).*  
*Maulana Azad Medical College, Bahadur Shah Zafar Marg, New Delhi 110002*
- Nomination must be discussed with MEU coordinator/RC convener and Principal/Dean of the college.
- RBCW/BCME completion certificate to be attached with the application form, failing which the application will be rejected.
- Assistant Professors to send the experience certificate failing which application will be rejected.
- Kindly read all regulations on NMC website before applying.
- Nodal centre will not entertain queries related to non-selection.
- Submitting application does not guarantee selection.

**Course Details:**

- Thirty fellowships are available for this session.
- Course fee : Rs. 18,972/- (including applicable GST) to be paid by DD in favour of “DEPT OF MED EDU MAMC”. This does not include travel and stay. Course material, working lunch and tea will be provided.
- Mandatory course requirements are:
  - a) Full time attendance at two on-site sessions of 5 and 3 days each.
  - b) Timely submission of the participant’s final project proposal.
  - c) Participation in the online discussions with a minimum of two academic posts per week.
  - d) Moderation of a discussion under faculty guidance for the allotted topic.
  - e) Record keeping of the discussions as allotted.
  - f) Summarizing the discussions as allotted.
  - g) Presentation of completed project work as a poster.
  - h) Attending one day of BCME as an observer.

**Cancellation policy:** No refund after notification of selection.

**Dr Dinesh Kumar**  
Co convenor

**Dr Binita Goswami**  
Co convenor

**Dr Poonam Loomba**  
Convenor

**APPLICATION FORM**

**NMC-ADVANCE COURSE IN MEDICAL EDUCATION (ACME)**

National Medical Commission Nodal Center for Faculty Development

**Maulana Azad Medical College, New Delhi**

Important Dates : Last Date for receipt of hard copies: 15<sup>th</sup> May, 2024

First contact session: 21<sup>st</sup> - 25<sup>th</sup> August, 2024

1. Name \_\_\_\_\_
2. Designation & dept. \_\_\_\_\_
3. Institution \_\_\_\_\_ Govt./Private(Select)
4. Date and year of joining in institute: \_\_\_\_\_
5. Is institute is recognized by MCI/NMC: Yes/No(Select)
6. Qualifications: \_\_\_\_\_
7. Medical Council name and registration number: \_\_\_\_\_
8. Teaching experience in years in faculty position(Assistant Professor onwards) \_\_\_\_\_
  - a. If Assistant professor, a certificate of teaching experience must be attached.
  - b. Date of first joining as assistant prof. (full time) \_\_\_\_\_
9. Date of birth/Age: \_\_\_\_\_ Gender: M / F / Other (Select)
10. rBCW/BCME attended at: \_\_\_\_\_
  - a. Dates \_\_\_\_\_ Approved by MCI/NMC: Yes/No (Select)
11. Any other training in Medical Education \_\_\_\_\_
  - a. Are you a member of MEU of your college? (DOME if NC/RC) Yes/No (Select)
  - b. If yes, Designation: Coordinator/Member since \_\_\_\_\_
  - c. (If yes, submit approved list of MEU with training details): Submitted: Yes/No (Select)
  - d. Are you a member of curriculum committee of your college? Yes/No (Select)
  - e. If yes, submit approved list of CC with training details Submitted: Yes/No (Select)

Affix passport size  
photo

12. Contact details:

a. Address with pin code

\_\_\_\_\_

\_\_\_\_\_:

b. Email

\_\_\_\_\_:

c. Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

13. Why do you want to apply for this course? (Please write in 150 words)

14. After attending the course, what changes do you want to make in medical education in your institution. (Please write in 150 words):

15. Please submit a Curriculum Innovation Project proposal on the given headings (Applications without project will not be entertained).

The participants will need to carry out this project in the next 5 months at their institutes (doable part initially). If selected, this proposal will be discussed and further refined during the first contact session.

FORMAT OF CURRICULUM INNOVATION PROJECT

1. Title of project
2. Why is the idea necessary
3. Brief literature review (200 words)
4. Methodology
5. How will you measure the outcomes
6. What will happen after 5 years if this innovation is implemented

16. Has the project been discussed in MEU (DOME in case of NC/RC): Yes/No (Select)

a. With Principal/Dean Yes/No (Select)

17. If any of the above points is not marked Y/N or information is not filled, the application will not be considered. No reminder/communication will be sent for incomplete applications.

## Declaration

1. I have understood that this course is of 6 months duration, which includes two contact sessions at the Nodal Center, Maulana Azad Medical College, New Delhi and an online intersession phase of 5 ½ months using email/other online channels. I agree to complete the mandatory requirements for the course as given below:

### Mandatory course requirements

- Attendance at two onsite sessions (of 5 and 3 days each) at the Nodal centre
- Timely submission of the participant's final project proposal, final project report, final poster and e-portfolio.
- Participation in the online discussions with a minimum of two academic posts per week
- Moderation of a discussion under faculty guidance during the allotted topic
- Record keeping of the discussions as allotted
- Summarizing the discussions as allotted
- Presentation of completed project work during onsite session
- Attending BCME as an observer (one day)

2. I have also understood that my performance in all the components will be monitored by the faculty and/or NMC Monitoring committee. I will need to repeat one or more requirements of the program, if I fail to show a satisfactory performance in any of the above-mentioned mandatory requirements within a specified time as provided.
3. There will be **no refund of fee** for any reason after selection. If I fail to complete the program within a period of 12 months from the date of my enrollment, I will not be able to enroll for the program again at any of the Nodal Centers of NMC in India for the duration as decided by NMC.
4. If selected for the course, I will sign the necessary undertaking. I will be able to start the course only after submission of the undertaking duly signed by me and the Principal/Dean.
5. If I join a different college (MCI/NMC recognized) during the period of the course, I will inform this to the Convener of the Nodal Center and submit a fresh undertaking duly signed by the Principal/Dean of the new college. If I do not inform and submit required documents within a month of change, my course will be terminated.
6. I confirm my commitment to contribute to Medical Education.

7. I have read and discussed guidelines and requirements of the course with MEU coordinator/RC convener & Principal/Dean. I understand that applying for course does not guarantee selection. In case of non-selection, I will not send any direct communication/messages to Nodal center for asking reasons, but will discuss to improve my application with MEU coordinator/NC, RC convener.
8. Change in dates of course due to NMC approval will be acceptable to me.

Name

Signature

Date

Forwarded by MEU Coordinator/NC,RC Convener

( I have read & discussed application with Principal & applicant):

Name

Signature

Date

**Recommendations by Principal/Dean**

- Dr. .... working as.....in the department of ..... on a full time post since.....is nominated for the Advance Course in Medical Education Course at NMC Nodal Center, Maulana Azad Medical College, New Delhi.
- The nomination has been discussed with MEU coordinator/NC, RC convener based on regulations including priority training of MEU/CC members and training of 30% faculty of college spread over specialties.
- A list of college faculty trained/undergoing ACME is enclosed\*.
- The details provided by the applicant in the application form are correct as per our records. He will be relieved, if selected, to participate in both contact sessions and other required activities.
- The institution and participant agree to the NMC criteria on mandatory participation, during on-site and on-line sessions, and also agree that in cases of default, the participant will not be called for second session and will not be given Certificate of Participation/completion.

Name of Principal:

Signature of Principal/ Dean

Date:

Office Stamp

Contact details of the Principal/Dean:

Email:

Tel:

<b>* The List of ACME trained/undergoing/ not completed</b>					
<b>S no</b>	<b>Name</b>	<b>Department</b>	<b>ACME batch &amp; name of nodal centre</b>	<b>Certificate received / completed / not completed</b>	<b>MEU coordinator/MEU member/CC member</b>

Add rows as needed. The above list must be signed by MEU coordinator/NC/RC Convener and Principal

**Important information**

- Applicant must have a working knowledge of MS Word, PowerPoint and Excel.
- Form will not be accepted without registration fee, copy of certificate of approved rBCW/BCME & experience certificate (if assistant prof).
- Registration fee details are available on NMC website.
- No refund shall be entertained if cancellation request is received after selection.
- Applicant to ensure that all items in check list are done (and marked Yes). If “No” then application will be rejected.

**Checklist**

- |   |         |
|---|---------|
| 1. rBCW/BCME                              | Yes/ no |
| 2. All rows/ boxes filled                 | Yes/ no |
| 3. Signatures                             | Yes/ no |
| 4. List of ACME trained                   | Yes/ no |
| 5. Curriculum innovation project proposal | Yes/ no |
| 6. Application discussed                  | Yes/ no |