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

No.F.403(208)/2024/MC(Aca)/ 20431

Dated: 10/09/2024

## Circular

## Subject: Publication of College Annual Report-2023

The compilation of the College Annual Report for the year 2023 has to be completed. 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 01.01.2023 to 31.12.2023 may be compiled strictly as per the information asked for. Correct spellings, suggested size of papers, pattern font, capital/small/bold letters for the each item may also be ensured. The information asked for may be mailed at <a href="mailto:aartis\_mahajan@yahoo.co.in">aartis\_mahajan@yahoo.co.in</a> and <a href="mailto:admissionmamc@gmail.com">admissionmamc@gmail.com</a>. 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 emailed. A hard copy of the information may also be furnished in the Academic Branch, MAMC latest by 20.09.2024 positively.

The issue being time bound may be given top priority.

(Dr. Poonam Narang)

Dean

Dated:

No.F.403(208)/2024/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. Head of Office, MAMC.
- 5. In-charge, Library, MAMC.
- 6. Dr. Aarti Sood Mahajan, Dir. Prof.(Physiology)/ Convener Annual Report Committee.
- 7. ln-charge, Lan & Server with the directions to inform all concerned through their respective email and upload the circular on the College Website.

(Dr. Poonam Narang)

Dean

## PROFORMA FOR ANNUAL REPORT-2023

Information Report for the period From 01.01.2023 to 31.12.2023

Name	e of t	he De	partm	ent:								
1. Nam	ne of	the H	ead of	the De	partment							
S.No.			Name of the Faculty					I	Designation			
2. Men	nber	s who	have l	eft dur	ing the peri	od:		J				
S.No.		Nam	e of th	e Facul	ty	Designa	tion	Re	eason for le	eaving the j	ob	
3. Add	ition	s to th	ne Facı	ılty du	ring the peri	od:						
S.No.		Nam	e of th	e Facul	ty	Designa	tion		hether romotion	newly	joined	
						1		_	<del>- 1700</del>			
4. Rese (a) (b)	On De	goin etails	g proje of thes	sis com	pleted durin	g current ye	ear			+ x		
5. Trai				agencie								
	S.No	ο.	Name	or the	trainees	Sponsorin	g agency		Period of	Training		
	posit	ım on			s/Workshop was held on			Dr.		in the C	hair/ or	
(Please	e atta	ach re	prints		iod: ilable, other e in the repo		e cite com	ple	te referenc	ce) failing	which it	
8. Bool	ks/ C	hapte	ers /Co	ntribu	ted:							
(a	1)	Dr		of Pt	as contribut ublisher. Ed.	(Year	of Publicat	tion	1)		•	
(t	) )	A To Dr	ext Bo	ok of _	_and publisl	(: ned.	for under-	gra	duates) ha	asbeen .wr	itten by	
9. Cor	nfere	nces/	/Works	shops/S	Symposiums	attended:						
	A1	nnual	Confe	rence o	f the Associa	ation of	_India, Cal	lcut	ta was atte	ended by: -		

10. Visitors:								
a) Drof(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.								
Drhas received award/given oration chaired session/delivered guest lecture etc at in the month								
12. Fellowship:								
Fellowship was awarded byand availed by Dr.								
offormonth of								
13. Representation on expert Committee/Bodies:-								
Drwas nominated by the(agency) as expert/advisor to								
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