

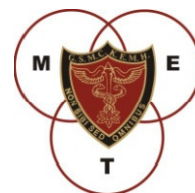


# GSMC KEMH MCI Nodal Center for Faculty Development

## Registration Form

### Fourth MCI Fellowship in Medical Education (FIME)

28<sup>th</sup> March 2016 to 4<sup>th</sup> April 2016



1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_ Gender: M/F

3. Designation: \_\_\_\_\_

4. Department & Institution: \_\_\_\_\_

5. Whether member of Medical Education Unit : Yes / No

If yes, Co-ordinator or Co-coordinator : Co-ordinator/ Co-coordinator

6. Whether member of Curriculum committee: Yes / No

7. Qualifications: \_\_\_\_\_

8. Name of the Medical Council: \_\_\_\_\_

Registration number: \_\_\_\_\_

9. Mobile: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

10. E-mail address (All further communications will be through this email only) :

\_\_\_\_\_ @ \_\_\_\_\_

11. MCI Basic Course in Medical Education Technology – details of training  
(mandatory, attach a copy of certificate )

Dates : \_\_\_\_\_ to \_\_\_\_\_

Name of the College where the Basic Course was attended: \_\_\_\_\_

Under Regional Centre : \_\_\_\_\_

Approved by MCI :Yes/No

12. Demand Draft/ At par cheque No: \_\_\_\_\_ Amount:

\_\_\_\_\_ Drawn on (bank) : \_\_\_\_\_

#### Terms and Conditions:

- I agree to participate full time during both the 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.
- I will ensure that I sign in the attendance sheets for both morning and evening sessions.
- The invitation for second session will be based on satisfactory completion of my project work and participation in email discussions during the intervening 6 months. I understand that my performance will be assessed by the course faculty.
- There is no refund of registration fee under any circumstances.
- I have read and understood all the terms and conditions.

Date:

Signature of the applicant:

### **Endorsement by the Dean/Principal**

The above participant is a potential candidate for Advance Course in Medical Education Technology 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/her project work during the intervening 6 months.

**Date:**     /     /201

**Signature of the Dean:**

Office Stamp

### **Note:**

- Form will not be accepted without Demand Draft for Rs. 12,500/- ( Twelve Thousand Five Hundred only) in favour of '**Seth G S Medical College & KEM Hospital, Diamond Jubilee Society Trust**' payable at Mumbai. This registration fees includes academic activities of two contact sessions, online sessions & project mentoring.
- Participants should make their own arrangements for travel & accommodation. However, accommodation will be provided at a nominal rate on first-come-first-served basis. Kindly contact Dr. Sunil Kuyare (Mobile: 9322111714).
- Completed forms with course fees should be sent to:

Dr Yuvaraj Bhosale / Dr Praveen Iyer  
Department of Anatomy  
Seth G S Medical College & KEM Hospital  
Parel, Mumbai 400012

Last date for receipt of completed forms with course fees is 26<sup>th</sup> February 2016.

For further details:

Website: <https://www.kem.edu/>

Email: [meunit@kem.edu](mailto:meunit@kem.edu)