**Medical Council of India**

Nomination for … Fellowship in Medical Education Course at Nodal Center …………………………………….

Month……………… Year……………….

1. Name ------------------------------------------------------------------
2. Academic Designation -------------------------------------------------------------------
3. Institution -------------------------------------------------------------------
4. Qualifications -------------------------------------------------------------------
5. Basic Course attended at ------------------------------------------------------------------

Duration -----------------------------------------------------

1. Any other training in medical educ ------------------------------------------------------------------

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1. Please write in 300 words below, why you want to apply for this course
2. After attending the course, what changes you want to make in medical education in your institution. Please write in about 300 words.
3. Are you able to spare at least 1 hour a day for this course and related activities? Y/N
4. Are you able to work on office documents like Word, PowerPoint and Excel? Y/N
5. Are you comfortable using email? Y/N
6. Are you a member of MEU of your college? Y/N

Designation: Coordinator/Member Since …………………………..

**Declaration: -**

* I have understood that this course is of 1 year duration, which includes two contact sessions at the Nodal Center and two spells of 5 months each for online learning using email. The mandatory requirements for the course are given below:

**Mandatory course requirements**

-. Attendance at two onsite sessions of 5 and 3 days each

-. Timely submission of the participant’s final project proposal

-. Participation in the online discussions with a minimum of two academic posts per week

-. Moderation of a discussion under faculty guidance during the allotted month

- Record keeping of the discussions for a month

-. Summarizing the discussions taken place in a month

-. Presentation of completed project work as a poster

- Observation of a basic course workshop

* I have also understood that my performance in all the components will be monitored by the faculty and/or National Consultant. 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.
* There will be no refund of fee for any reason post selection. If I fail to complete the program within a period of 18 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 Medical Council of India.
* If selected for the course, I will sign the necessary undertaking which will be sent to me with the selection letter. I will be able to start the course only after submission of the undertaking duly signed by me and my Dean/Principal.
* If I join a different college 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 Dean/Principal of the new college.

Signature ---------------------------------

Name -------------------------------------

Countersigned: -------------------------------

Dean

Office Stamp