


Report of Conference / Workshop/ Training program / CME/Day Celebration

Title of the Conference /Workshop/CME/ etc	Update on NAAC module
Date of the Conference /Workshop/CME/ ect	<u>30.11.2021</u>
Venue	MEU Hall (College Block)
Name of the organizing Department	<i>IQAC</i>
Name of the sponsoring agency	Management
TNMC accreditation (if any)	NA
Nature of delegates (PG/ Faculty)	Faculty / Non-Teaching Staff
Name of Delegates (In house/External)	30In house participants
Number of oral presentation (if any)	NA
Number of Poster presentation(if any)	NA
Details of Resource Person	Dr.G.Kalaiselvan , IQAC Co-ordinator Dr.Vimal, In-charge, Criteria-1 Dr.Deepika, , Criteria-2 Dr.Sinduri, Criteria-3 Dr.Santhanakrishnan Criteria-4 Dr.Vinoth Criteria-5, Dr.Suresh Criteria-6 Dr.Ramya Criteria-7
Feedback	-
Outcome	Health science manual was oriented to the participants


IQAC Coordinator

Report of Conference / Workshop/ Training program / CME/Day Celebration

Title of the Conference /Workshop/CME/ etc	NAAC Training
Date of the Conference /Workshop/CME/ ect	<u>16.09.2021</u>
Venue	MEU Hall (College Block)
Name of the organizing Department	IQAC
Name of the sponsoring agency	Management
TNMC accreditation (if any)	NA
Nature of delegates (PG/ Faculty)	Faculty / Non-Teaching Staff
Name of Delegates (In house/External)	26 In house participants
Number of oral presentation (if any)	NA
Number of Poster presentation(if any)	NA
Details of Resource Person	Dr.G.Kalaiselvan , IQAC Co-ordinator Dr.Vimal, In-charge, Criteria-1 Dr.Deepika, , Criteria-2 Dr.Sinduri, Criteria-3 Dr.Santhanakrishnan Criteria-4 Dr.Vinoth Criteria-5, Dr.Suresh Criteria-6 Dr.Ramya Criteria-7
Feedback	-
Outcome	Health science manual was oriented to the participants

Dr. KAGNE P.N
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 PUDUCHERRY-605107.

16/9/21

Report of Conference / Workshop/ Training program / CME/Day Celebration

Title of the Conference /Workshop/CME/ etc	Orientation of NIRF ranking
Date of the Conference /Workshop/CME/ ect	<u>07.08.2021</u>
Venue	MEU Hall (College Block)
Name of the organizing Department	<i>IQAC</i>
Name of the sponsoring agency	Management
TNMC accreditation (if any)	NA
Nature of delegates (PG/ Faculty)	Faculty / Non-Teaching Staff
Name of Delegates (In house/External)	80 In house participants
Number of oral presentation (if any)	NA
Number of Poster presentation(if any)	NA
Details of Resource Person	Dr.G.Kalaiselvan , IQAC Co-ordinator Dr.Vimal, In-charge, Criteria-1 Dr.Deepika, , Criteria-2 Dr.Rajalakshmi, Criteria-3 Dr.Rajaram Criteria-4 Dr.Deepa Somnath Criteria-5, Dr.Suresh Criteria-6 Dr.Ramya Criteria-7
Feedback	-
Outcome	Able to explain the documentation process


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1/6/21

Report of Conference / Workshop/ Training program / CME/Day Celebration

Title of the Conference /Workshop/CME/ etc	Orientation of NIRF ranking
Date of the Conference /Workshop/CME/ ect	<u>01.07.2021</u>
Venue	MEU Hall (College Block)
Name of the organizing Department	<i>IQAC</i>
Name of the sponsoring agency	Management
TNMC accreditation (if any)	NA
Nature of delegates (PG/ Faculty)	Faculty / Non-Teaching Staff
Name of Delegates (In house/External)	34 In house participants
Number of oral presentation (if any)	NA
Number of Poster presentation(if any)	NA
Details of Resource Person	Dr.G.Kalaiselvan , IQAC Co-ordinator Dr.Vimal, In-charge, Criteria-1 Dr.Deepika, , Criteria-2 Dr.Rajalakshmi, Criteria-3 Dr.Rajaram Criteria-4 Dr.Deepa Somnath Criteria-5, Dr.Suresh Criteria-6 Dr.Ramya Criteria-7
Feedback	-
Outcome	Able to explain the documentation process


IQAC Coordinator

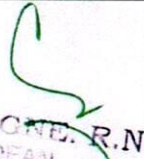

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Sri
MANAKULA VINAYAGAR

Medical College and Hospital

Report of Conference / Workshop/ Training program / CME/Day Celebration

Title of the Conference /Workshop/CME/ etc	Orientation of NIRF ranking
Date of the Conference /Workshop/CME/ etc.	<u>21.05.2021</u>
Venue	MEU Hall (College Block)
Name of the organizing Department	<i>IQAC</i>
Name of the sponsoring agency	Management
TNMC accreditation (if any)	NA
Nature of delegates (PG/ Faculty)	Faculty / Non-Teaching Staff
Name of Delegates (In house/External)	34 In house participants
Number of oral presentation (if any)	NA
Number of Poster presentation(if any)	NA
Details of Resource Person	Dr.G.Kalaiselvan , IQAC Co-ordinator Dr.Vimal, In-charge, Criteria-1 Dr.Deepika, , Criteria-2 Dr.Rajalakshmi, Criteria-3 Dr.Rajaram Criteria-4 Dr.Deepa Somnath Criteria-5, Dr.Suresh Criteria-6 Dr.Ramya Criteria-7
Feedback	-
Outcome	Able to explain the documentation process


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