



**Medical Council of India (MCI) Nodal Centre for Faculty Development
Sri Ramachandra Medical College and Research Institute
Registration Form**



9th to 13th March 2016 1st Contact Session of 4th Advance Course (Fellowship in Medical Education FIME)

1. Name Dr. G. K. POOMALAR
2. Designation ASSOCIATE PROFESSOR
3. Department & Institution OBSTETRICS AND GYNAECOLOGY
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE HOSPITAL
4. Qualifications M.B.B.S., D.G.O., D.N.B.(OG)
5. Medical council name and registration number TAMIL NADU MEDICAL COUNCIL, 69571
6. Mobile: 9442044679 Tel: 0413-2205239 Fax:
7. E-mail address (must-all further communication will be through email only-write clearly)
preferably a Gmail account poomalarpragash@gmail.com
8. MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates: 19/8/14 to 21/8/14 Place Sri Manakula Vinayagar medical college hospital, Puducherry Approved by MCI Yes / No
9. Convenor/Co-convenor/ MEU Member / Co-ordinator (Tick appropriately) Yes / No
10. The Title and a 200 word description of the educational project enclosed (Mandatory submission)

- I agree to participate full time during the both 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. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
- The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
- Cancellation policy: There is no refund of registration fee under any circumstances.
- I have read and understood terms and conditions including cancellation policy.

Dated: 1/2/16

Signature: [Signature]

Endorsement by the Principal

The above participant is a potential candidate for Advanced course as per MCI guidelines. I recommend the Nomination of Dr. G. K. POOMALAR 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 project work during the intervening 6 months.

[Signature] 1/2/16
Signature & Office Stamp and Date
Dr. M. AMARANATHAN, M.S.,
DEAN
Sri Manakula Vinayagar
Medical College and Hospital,
Kalthoor, Madagadipet, Puducherry-605 107.
(Last date of submission : 1st February 2016)

cheque No 365895 dt. 1/2/2016 for Rs.12500/- drawn on AXIS Bank,
PONDICHERY Branch in favour of "Sri Ramachandra University" payable at Chennai.

TRUE COPY ATTESTED

Note:

1. Henceforth Convener and the Resource Faculty should enroll for the Advance Course at any Nodal Centre other than his/her own Nodal Centre.
2. MEU co-ordinators & MEU members of the affiliated colleges must undergo Advance course in ME. Each Regional centre should nominate one faculty from their team.

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALTHOOR, MADAGADIPET,
PUDUCHERRY-605 107.

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DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



Medical Council of India (MCI) Nodal Centre for Faculty
Development
Sri Ramachandra Medical College and Research Institute
Registration Form



5th to 9th September 2017

1st Contact Session of 5th Advance Course

1. Name Dr. Soundariya. K
2. Designation ASSOCIATE PROFESSOR
3. Department & Institution DEPARTMENT OF PHYSIOLOGY
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL, PUDUCHERRY
4. Qualifications MBBS, MD (PHYSIOLOGY)
5. Medical council name and registration number TAMILNADU MEDICAL COUNCIL, 78456
6. Mobile: 9786895193 Tel: Fax:
7. E-mail address (must-all further communication will be through email only-write clearly)
soundariya.priya @ yahoo.com
8. MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates 25.07.2016 to 28.07.2016 Place JIPMER, PUDUCHERRY Approved by MCI Yes / No ☒
9. MEU Member Yes / No ☒
10. Co-ordinator Yes / No ☒
11. The Title and a 200 word description of the educational project enclosed (Mandatory submission)
 - I agree to participate full time during the both 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. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
 - The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
 - Cancellation policy: There is no refund of registration fee under any circumstances.
 - I have read and understood terms and conditions including cancellation policy.

Dated: 2.8.2017

Signature: K. Soundariya

Endorsement by the Principal

The above participant is a potential candidate for Advance course as per MCI guidelines. I recommend the Nomination of Dr. SOUNDARIYA. K 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 project work during the intervening 6 months.

Dated: 4/8/17

TRUE COPY ATTESTED

Signature:

Office Stamp:

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

4/8/17
Dr. KAGNE. R.N.

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL,
KALITHEERTHALKUPPAM,
PUDUCHERRY-605 107.

Kindly provide the payment particulars:

☐ D/D No. 432420 dt. 04/08/17 for Rs.15000/- drawn on Indiabank

Educational Project

Title: Role of "Jigsaw Technique" as an active learning strategy in learning Physiology

Active learning strategies enhances student participation and learning process compared to the traditional didactic lectures. Adoption of active learning strategies is also recommended by the Medical Council of India. The present study aims at introducing "Jigsaw technique" as an active learning tool in Physiology. The Jigsaw technique is a cooperative learning technique where each student is made to play an essential role by active participation. After discussion with the faculty members of department of Physiology, a particular concept will be chosen in Physiology to be introduced using Jigsaw technique. The I MBBS students will be divided into small Jigsaw groups. The chosen physiological concept will be divided into small segments depending on the number of Jigsaw groups. Each student will be assigned a segment of the physiological concept and given time to read over the segment. Then temporary expert groups will be formed by having one student from each jigsaw group join other students assigned with the same segment. After discussion among the expert groups, the students will return to their original jigsaw groups. Then each student is made to present their segment to their own Jigsaw group. Thus each individual student is induced to actively participate and also understand the physiological concept.

TRUE COPY ATTESTED

DEAN
SRI MANJEE VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



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02012

(अदाकर्ता शाखा / Drawee Branch)

T16/MDDT

अधिकृत हस्ताक्षरकर्ता
Authorised Signatory (S.S. No.)

LG. BALACHANDAR
S.S. No. 04910

Please sign above

⑈432420⑈ 000019000⑈

16

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SRI MANAKUL VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



**Medical Council of India (MCI) Nodal Centre for Faculty
Development
Sri Ramachandra Medical College and Research Institute
Registration Form**



4th to 8th March 2015

1st Advanced Course

1. Name DR RAJENDRAKUMAR NIVARATHIRAO KAGNE
2. Designation PROF & HOD
3. Department & Institution Dept. of Forensic Medicine - SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL, PUDUCHERRY-605007
4. Qualifications MBBS MD (FM)
5. Medical council name and registration number MAHARASHTRA MEDICAL COUNCIL - 66493
6. Mobile: 9486748348 Tel: Fax:
7. E-mail address (must-all further communication will be through email only-write clearly)
rnkagne@yahoo.co.in
8. MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates 26-28-11-13 Place SMVMCH, Pondicherry Approved by MCI ☒ Yes / No
9. MEU Member / Co-ordinator ☒ Yes / No

10. The Title and a 200 word description of the educational project enclosed (Mandatory submission)

- I agree to participate full time during the both 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. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
- The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
- Cancellation policy: There is no refund of registration fee under any circumstances.
- I have read and understood terms and conditions including cancellation policy.

Dated: 18/2/2015

Signature: [Signature]

Endorsement by the Principal

The above participant is a potential candidate for Advanced course as per MCI guidelines. I recommend the Nomination of Dr. R. N. KAGNE 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 project work during the intervening 6 months.

TRUE COPY ATTESTED

Dated: 18/2/15

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEENTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Signature: [Signature]

Office Stamp
Dr. D. RAJAGOVINDAN, M.D.,
Director
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
MADAGADIPET PUDUCHERRY-605 107

Kindly provide the payment particulars:

☒ D/D No. dt..... for Rs.10,000/- drawn on.....
Bank,Branch in favour of "Sri Ramachandra University" payable at Chennai.

(or)

☐ Money transfer thru' Bank details provided below: (Date of Transfer.....)

Beneficiary Name & Address: **Sri Ramachandra University**
No.1, Sri Ramachandra Nagar, Porur, Chennai 600 116

Bank Name **CITY UNION BANK LIMITED**
Bank Branch Address **Ayyappanthangal Branch**
No.1, Ramachandra Nagar
Ayyappanthangal, Chennai 600 056

Account Number **510909010005540**
IFSC Code **CIUB0000300**

While transferring money thru Bank, please write your name in the "Name of the Sender" column

Note. The registration fee sent through D/D can be
adjusted for Dean (Academic) sir.

TRUE COPY ATTESTED

DEAN
SRIRAMACHANDRA NAGAR
MEDICAL COLLEGE HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.



Medical Council of India (MCI) Nodal Centre for Faculty
Development
Sri Ramachandra Medical College and Research Institute
Registration Form



10th to 13th September, 2014

1st Advanced Course

1. Name Dr. S. Asmathulla
 2. Designation Associate Professor
 3. Department & Institution Dept. of Biochemistry
Sri Manakula Vinayagar Medical College & Hospital, Puducherry
 4. Qualifications M.B.B.S., M.D.
 5. Medical council name and registration number Tamil Nadu : 68176
 6. Mobile: 9896671020 Tel: _____ Fax: _____
 7. E-mail address (must-all further communication will be through email only-write clearly)
asmath.ulla @ rediffmail.com
 8. MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates: 13/01/13 to 02/02/13 Place: SRM, Porur, Chennai Approved by MCI ☒ Yes ☐ No
26/11/13 to 28/11/13
 9. The Title and a 200 word description of the educational project enclosed
☒ Yes ☐ No
- I agree to participate full time during the both 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. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
 - The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
 - Cancellation policy: There is no refund of registration fee under any circumstances.
 - I have read and understood terms and conditions including cancellation policy.

Dated: 02/09/14

Signature: [Signature]

Endorsement by the Principal

The above participant is a potential candidate for Advanced course as per MCI guidelines. I recommend the Nomination of Dr. S. Asmathulla 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 will be provided necessary logistic help for his project work during the intervening 6 months.

Dated: 02/09/14 TRUE COPY ATTESTED

DR. N.
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Signature: [Signature]

DR. D. BALAGOVINDAN, M.D.,
Director
SRI MANAKULA VINAYAGAR (P.O.)
MEDICAL COLLEGE AND HOSPITAL
MADAGADIPET, PUDUCHERRY - 107

Kindly provide the payment particulars:

☒ D/D No. 902807 dt. 02.09.14 for Rs.10,000/- drawn on India
Bank, Madagadipet Branch in favour of "Sri Ramachandra University" payable at Chennai.
(or)

☐ Money transfer thru' Bank details provided below: (Date of Transfer.....)

Beneficiary Name & Address: **Sri Ramachandra University**
No.1, Sri Ramachandra Nagar, Porur, Chennai 600 116

Bank Name **CITY UNION BANK LIMITED**
Bank Branch Address **Ayyappanthangal Branch**
No.1, Ramachandra Nagar
Ayyappanthangal, Chennai 600 056

Account Number **510909010005540**
IFSC Code **CIUB0000300**

While transferring money thru Bank, please write your name in the "Name of the Sender" column



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02/09/2014

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Authorised Signatory (S.S. No.)

अधिकृत हस्ताक्षरकर्ता
Authorised Signatory (S.S. No.)

Please sign above

⑈902807⑈ 000019000⑈

16

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DEAN
SRI MANAKULU MAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

01.2.16

To

The Convenor-MCI Nodal Centre

Sri Ramachandra Medical College and Research Institute

Porur

Chennai-600116

Respected Sir,

Subject: Document and Demand draft for Advance course in medical education

I am pleased to inform you that as per your email, our institute MEU recommended Dr.S.Girija, Professor of Internal Medicine and Dr.G.K.Poomalar, Associate Professor to attend the 4th advance course in medical education to be held at SRMC and Director has nominated them.

I am enclosing the required documents and the registration fee.

I request you to do the needful.

With regards



Dr G.Kalaiselvan MD, PSG FAIMER Fellow 2011, SAC dip

Coordinator, MEU

Professor, Department of Community Medicine

Sri Manakula Vinayagar Medical College and Hospital

Pondicherry - 605107, India

Email: kalaiselvanmd@gmail.com

Enclosure:

1. Demand draft: 2 nos (each Rs.12,500)
2. Application, Abstract and MET certificate of the 2 nominated faculty

TRUE COPY ATTESTED


SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAIKUPPAM,
MADAGADIPET, PONDICHERRY-605 107.



Medical Council of India (MCI) Nodal Centre for Faculty Development
Sri Ramachandra Medical College and Research Institute
Registration Form



9th to 13th March 2016 1st Contact Session of 4th Advance Course (Fellowship in Medical Education FIME)

1. Name S. GIRITA
2. Designation PROFESSOR
3. Department & Institution INTERNAL MEDICINE
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE
4. Qualifications DNB (General Medicine)
5. Medical council name and registration number TAMILNADU MEDICAL COUNCIL
6. Mobile: 9894976919 Tel: 0413-2643000 Fax: 44074
7. E-mail address (must-all further communication will be through email only-write clearly)
preferably a Gmail account girijagops@gmail.com
8. MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates.....Place..... Approved by MCI ☒ Yes / No
9. Convenor/Co-convenor/ MEU Member / Co-ordinator(Tick appropriately) ☒ Yes / No
10. The Title and a 200 word description of the educational project enclosed (Mandatory submission)

- I agree to participate full time during the both 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.
- Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
- The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
- Cancellation policy: There is no refund of registration fee under any circumstances.
- I have read and understood terms and conditions including cancellation policy.

Dated:

Signature: [Signature]

Endorsement by the Principal

The above participant is a potential candidate for Advanced course as per MCI guidelines. I recommend the Nomination of Dr. S. GIRITA 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 project work during the intervening 6 months.

Dr. M. AMARANATHAN, M.S.,
 DEAN
 Sri Manakula Vinayagar
 Medical College and Hospital
 Kalitheerthakuppam,
 Madagadipet, Puducherry-605 107.
 (Last date of submission : 1st February 2016)

D/D No. 897485 dt. 29-04-2016 for Rs.12500/- drawn on INDIAN Bank,

MADAGADIPET Branch in favour of "Sri Ramachandra University" payable at Chennai.

Note:

1. Henceforth Convener and the Resource Faculty should enroll for the Advance Course at any Nodal Centre other than his/her own Nodal Centre.
2. MEU co-ordinators & MEU members of the affiliated colleges must undergo Advance course in ME. Each Regional centre should nominate one faculty from their team.

ATTESTED
 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHAKUPPAM
 MADAGADIPET, PUDUCHERRY-605 107.

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SERVICE BRANCH (CHENNAI)
01164

(अदाकर्ता शाखा Drawee Branch)

[Signature]
अधिकृत हस्ताक्षरकर्ता
Authorised Signatory (S.S. No.)

[Signature]
अधिकृत हस्ताक्षरकर्ता
Authorised Signatory (S.S. No.)

Please sign above

T14/MDDM

⑈897485⑈ 000019000⑈

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SRI MANGALAYAGAR
MEDICAL COLLEGE HOSPITAL
KALITHEER (MAUNIPAM,
MADAGADIPET, PUDUCHERRY-605 107.



Medical Council of India (MCI) Nodal Centre for Faculty
Development

Sri Ramachandra Medical College and Research Institute
Registration Form



5th to 9th September 2017

1st Contact Session of 5th Advance Course

- Name Dr. SHIVAYOGAPPA. S. TELI
- Designation ASSOCIATE PROFESSOR
- Department & Institution PHYSIOLOGY. SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL, PUDUCHERRY
- Qualifications MBBS MD
- Medical council name and registration number KARNATAKA MEDICAL COUNCIL, 65880
- Mobile: 8122557996 Tel: — Fax: —
- E-mail address (must-all further communication will be through email only-write clearly)
Shivateli222@yahoo.com
- MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates Nov. 2016 Place JIPMER, PUDUCHERRY Approved by MCI Yes / No
- MEU Member Yes / No
- Co-ordinator Yes / No
- The Title and a 200 word description of the educational project enclosed (Mandatory submission)
 - I agree to participate full time during the both 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. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
 - The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
 - Cancellation policy: There is no refund of registration fee under any circumstances.
 - I have read and understood terms and conditions including cancellation policy.

Dated: 04.08.2017

Signature: [Signature]

Endorsement by the Principal

The above participant is a potential candidate for Advance course as per MCI guidelines. I recommend the Nomination of Dr. S. SHIVAYOGAPPA. S. TELI 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 project work during the intervening 6 months.

Dated: 4/8/17

TRUE COPY ATTESTED

Signature: [Signature]

Office Stamp :

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADI PET, PUDUCHERRY-605 107.

Dr. KAGNE. R.N.
DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY - 605 107.

Kindly provide the payment particulars:

☐ D/D No. 432422 dt. 04/08/17 for Rs.15000/- drawn on Indian Bank

Educational project

Title: Case-based learning in physiology practicals: an approach toward self-directed learning in first year medical students

Physiology is usually taught by didactic lectures, practicals and tutorials where students receive much information passively. Therefore, we strongly feel the necessity of innovative teaching methods to create interest in the subject and motivate self-directed learning for undergraduate.

Case-based learning (CBL) is a small-group teaching method where students are encouraged to learn on their own so as to inculcate the habit of self-learning. The objectives of this educational project is to help 1st year MBBS students to relate the knowledge of basic science to clinical conditions, develop their communication skills and group dynamics and promote a better teacher-student relationship.

It will be a case-control study. Physiology practicals will be taught in two groups. Each group (75) will have practical session on alternate day. One group "A" will be exposed to a clinical case i.e. a case of anaemia and the other group "B" will be taught about anaemia without showing the case. Feedback will be obtained from all the students and compared. Later, group "B" will also be exposed to the clinical case and allowed to learn similar to "A" batch.

TRUE COPY ATTESTED

SRINIVASAN N. RAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHURTHAL KUPPAM,
MADAGADI PET, PUDUCHERRY-605 107.



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15000.00*****

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Payable at par at all branches of Indian Bank

MDDT432422

SERVICE BRANCH (CHENNAI)

01164

(अदाकर्ता शाखा Drawee Branch)

T16/MDDT

अधिकृत हस्ताक्षरकर्ता
Authorised Signatory (S.S. No.)

LG BALACHANDRAN
अधिकृत हस्ताक्षरकर्ता
Authorised Signatory (S.S. No.)
P.R. No. 64910

Please sign above

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SRI MANAKKALAYAGAR
MEDICAL COLLEGE HOSPITAL
KALITHEPPE, KUPPAM,
MADAGADI PET, PUDUCHERRY-605 107.



Medical Council of India (MCI) Nodal Centre for Faculty
Development

Sri Ramachandra Medical College and Research Institute
Registration Form



4th to 8th March 2015

1st Advanced Course

- Name: DR. SUGUNA E
- Designation: ASSISTANT PROFESSOR
- Department & Institution: COMMUNITY MEDICINE
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
- Qualifications: M.B.B.S., M.D. (COMMUNITY MEDICINE)
- Medical council name and registration number: TAMIL NADU MEDICAL COUNCIL, 84475
- Mobile: 7502254164 Tel: - Fax: -
- E-mail address (must-all further communication will be through email only-write clearly)
dr.suguna.e@gmail.com
- MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates: 26-28 Nov. 2013 Place: SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
Approved by MCI (Yes/No)
- MEU Member / Co-ordinator Yes (No)

10. The Title and a 200 word description of the educational project enclosed (Mandatory submission)

- I agree to participate full time during the both 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. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
- The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
- Cancellation policy: There is no refund of registration fee under any circumstances.
- I have read and understood terms and conditions including cancellation policy.

Dated: 18/2/2015

Signature: [Signature]

Endorsement by the Principal

The above participant is a potential candidate for Advanced course as per MCI guidelines. I recommend the Nomination of Dr. SUGUNA E 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 project work during the intervening 6 months.

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Dated: 18.2.15

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAKURAM,
MADAGADIPET, PUDUCHERRY-605 107.

Signature: [Signature]

Dr. D. RAJAGOVIL
Office Stamp Director
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
MADAGADIPET, PUDUCHERRY

Kindly provide the payment particulars:

☒ D/D No. 9.036.86 dt. 19.2.15 for Rs.10,000/- drawn on Indian Bank
Bank, Madagadi Pet Branch in favour of "Sri Ramachandra University" payable at Chennai.
(or)

☐ Money transfer thru' Bank details provided below: (Date of Transfer.....)

Beneficiary Name & Address: **Sri Ramachandra University**
No.1, Sri Ramachandra Nagar, Porur, Chennai 600 116

Bank Name **CITY UNION BANK LIMITED**
Bank Branch Address **Ayyappanthangal Branch**
No.1, Ramachandra Nagar
Ayyappanthangal, Chennai 600 056
Account Number **510909010005540**
IFSC Code **CIUB0000300**

While transferring money thru Bank, please write your name in the "Name of the Sender" column

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SRI RAMACHANDRA UNIVERSITY
MEDICAL COLLEGE & HOSPITAL
KALITHEENTHUR, PPAM,
MADAGADI PET, PUDUCHERRY-605 102.



Medical Council of India (MCI) Nodal Centre for Faculty
Development



Sri Ramachandra Medical College and Research Institute
Registration Form

10th to 13th September, 2014

1st Advanced Course

- Name M. JAYASREE
 - Designation PROFESSOR
 - Department & Institution OBSTETRICS & GYNAECOLOGY, SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL
 - Qualifications MBBS, D.M.B.(O.G.)
 - Medical council name and registration number TAMILNADU MEDICAL COUNCIL, CHENNAI
Reg no: 61746.
 - Mobile: 9443769196 Tel: Fax:
 - E-mail address (must-all further communication will be through email only-write clearly)
dr.m.jayasree1@yahoo.co.in
 - MCI basic course in Medical Education training details: (mandatory, attach certificate)
Dates 26.6.13-28.6.13 Place SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL Approved by MCI ☒ Yes / No
 - The Title and a 200 word description of the educational project enclosed ☒ Yes / No
- I agree to participate full time during the both 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. Signatures in the attendance sheets kept for the purpose for both morning and evening sessions will be ensured by me.
 - The invitation for second session will be based on my satisfactory project work and participation in email discussions during the intervening 6 months. My performance will be assessed by the course faculty.
 - Cancellation policy: There is no refund of registration fee under any circumstances.
 - I have read and understood terms and conditions including cancellation policy.

Dated: 29.8.14.

Signature: M. Jayasree

Endorsement by the Principal

The above participant is a potential candidate for Advanced course as per MCI guidelines. I recommend the Nomination of Dr. M. Jayasree 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 will be provided necessary logistic help for his project work during the intervening 6 months.

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Dated: 02/09/14

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEENTHUR, PPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Signature: [Signature]

Office Stamp
Dr. D. BALAGAN, M.D.,

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MADAGADIPET, PUDUCHERRY - 107

Kindly provide the payment particulars:

☒ D/D No. 902806 dt. 02.09.14 for Rs.10,000/- drawn on Indian
Bank, Madagadipet Branch in favour of "Sri Ramachandra University" payable at Chennai.
(or)

☐ Money transfer thru' Bank details provided below: (Date of Transfer.....)

Beneficiary Name & Address: **Sri Ramachandra University**
No.1, Sri Ramachandra Nagar, Porur, Chennai 600 116

Bank Name **CITY UNION BANK LIMITED**
Bank Branch Address **Ayyappanthangal Branch**
No.1, Ramachandra Nagar
Ayyappanthangal, Chennai 600 056
Account Number **510909010005540**
IFSC Code **CIUB0000300**

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अधिकृत हस्ताक्षरकर्ता
Authorised Signatory (S.S. No.)

Please sign above

SRIMANJUNY SRINAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALUPPAM,
KADIPET, PUDUCHERRY-605 107.

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