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Amendment No:01		Issue No:02
Amendment Date : 27.01.2021	POLICY AND PROCEDURE -CONDUCTING THE CONFERENCE / WORKSHOP / QUIZ/ DAY CELEBRATION/ GUEST LECTURES	Issue Date:3.2.2021

STANDARD OPERATING PROCEDURES



**CO-CURRICULAR / CONFERENCE ADVISORY
COMMITTEE MANUAL
SMVMCH**

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1. PURPOSE:

For smooth conduct of the Conference / Workshop / Quiz program.

2. SCOPE:

Applicable to Sri Manakula Vinayagar Medical College and Hospital.

3. RESPONSIBILITY:

3.1.Organizing Committee.

3.2.Advisory Committee.

- a) Chairperson : Dr. M. Pragash, Medical Superintendent
- b) Secretary : Dr. R. Ganesh, Assistant Professor (Dentistry)
- c) Members : Dr. G. Kalaiselvan, Professor (Community Medicine)
Dr. K. Vinoth, Assistant Professor (Psychiatry)
Dr. K. S. Venkatarangan, Senior Resident (Psychiatry).

4. PROCEDURE:

The management of SMVMCH is committed to encouraging the faculty of various departments to conduct conferences/workshops as required and recommended. The organizing department is requested to follow the ensuing protocol for smooth organization of the conference/workshop.

4.1. Submitting an application to conduct proposed conference/workshop:

- a) Any department is eligible to request for conducting a conference/workshop.
- b) *The proposal in the prescribed format (enclosure 1) should be submitted to the IQAC. The processing of the proposal shall be as per the flow chart mentioned.*

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Timelines of submission process



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- c) Workshop/conference must be conducted at SMVMCH. In case, if it is organized off-campus, prior permission to be obtained from the Director in writing stating the reason.
- d) The decision about the conduct of the conference/workshop will be intimated to the organizers after scrutiny by the Director along with the advisory committee.
- e) The organizers should ensure fulfilling any queries raised by the advisory committee.

4.2. Salient features and pre-requisites while planning the conference/workshop:

- a) The main conference venue should be booked in advance for conference/workshop. Hence the applicant should identify and propose an appropriate venue for the conduct of the workshop.
- b) Organisers of the event shall be responsible for arranging their finance (sponsors).
- c) *If funds are required from the institution, the same should be mentioned in the proposal.*
- d) Detailed session plan of the event has to be submitted along.

4.3. Once the conference / workshop proposal has been accepted, the following issues need to be addressed:

a) Organizing committee:

- i) The applicant shall form an organizing committee from the members of the department/allied specialties. The committee should include Organizing Chairman, Organizing Secretary, Treasurer, and various sub-committees with members and chairpersons for each sub-committee. If the service of non-faculty is required, he/she should be briefed about the rules of the conferences.
- ii) Various sub-committees include registration committee, workshop committee, scientific committee, reception committee, transport committee, hospitality (catering) committee and souvenir (memento) committee.
- iii) The Registration Committee shall ensure smooth and swift registration of the delegates on the day of the conference. The registration for all the workshops will be through the

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main registration counter of the conference (for workshops included along with the conference). The Registration committee should strive for maximum delegate participation through advertising/propaganda. It should also ensure proper updates of the conference to the participating delegates in advance.

- iv) The Scientific committee shall draft the scientific program with utmost details like the invited speakers, duration of each lecture with scope for discussion. It should strictly adhere to maintaining time schedule. The committee shall involve in finalizing the papers/posters for presentation by the undergraduates/postgraduates. The committee shall inform the selected candidates regarding the slot for presentation and other rules of presentation in advance. The committee will apply for the CME credit point to state medical council. The committee shall also finalize the judges for each presentation category along with the criteria for judging.
- v) For workshops included in the main conference, a separate workshop committee may be formed/as deemed necessary. The workshop committee shall make necessary arrangements for the smooth conduct of the workshop. All workshops related material MUST include the logo of the college prominently on the first page.
- vi) The reception committee is responsible for smooth conduct of the inauguration ceremony. The inaugural function has to be meticulously planned with special attention to the dignitaries on the dais, the speakers, and bouquets/mementoes/shawls for the dignitaries and to be given by whom, and other routine protocol for the inauguration. The entire schema has to be approved by the advisory committee before execution. The reception Committee is responsible for preparing invitation & brochure in consultation with the advisory committee.
- vii) The transport committee shall ensure safe transport of delegates/invited speakers to and from the venue. The committee shall work in association with transport in-charge of SMVMCH and draft a schedule of bus/car trips. A separate requisition for availing the transport services of SMVMCH has to be submitted to the Director.

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viii) The Hospitality (catering) committee shall ensure providing hygienic food/snacks to the delegates/invited speakers at the appropriate time without wastage. The committee shall take into account the number of volunteers and workers from civil/electrical/air-condition/transport/EDP/housekeeping while calculating the number of packs for catering services. The Organizing Secretary should ensure to keep the number of support staff to a minimum.

ix) *The souvenir committee shall prepare the mementoes for speakers/judges, awards for paper/poster presentations and certificates for the delegates. Certificates will be printed only after the approval from Advisory Committee.*

x) The reception committee shall draft news for the conference and get approved from the advisory committee and submit to the official web site after final approval of Director.

xi) The organizing secretary of the event shall prepare the pre & post press release and get approval from the advisory committee and submit to Director of further necessary action.

b) Conference funding:

i) The management shall assist and facilitate for the conference/workshop if necessary, but the final responsibility of arranging for finances remains with the conference organizers.

ii) The source of sponsorship shall be arranged by the organizing department.

iii) The conference organizer shall obtain a PAN card (if needed) if the budget is above 1 lakh INR.

c) Conference conduct:

i) The organizers of the conference shall conduct it in compliance with all applicable rules and regulations.

ii) *They will also submit an application for CME credit points to TNMC.*

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d) Conference report:

The Organizing Secretary of the conference shall submit a report of the conference to IQAC within 10 working days from the end of the conference.

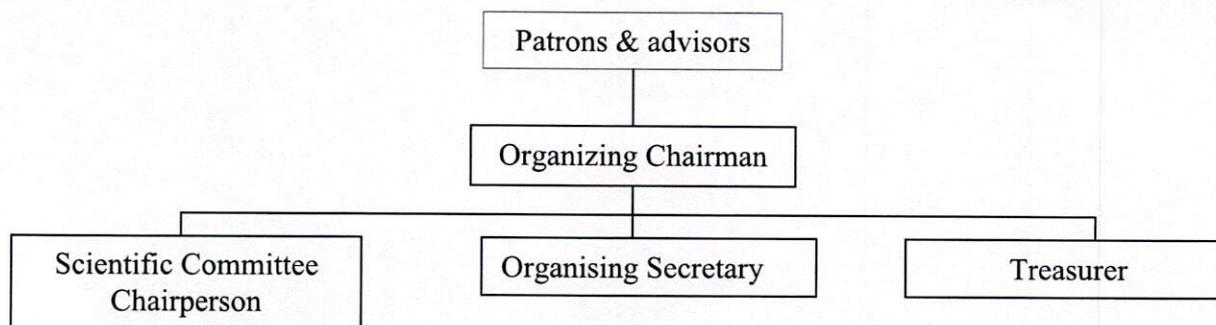
e) Disputes and Jurisdiction:

In case of any disputes, the decision of the organizing committee shall be final.

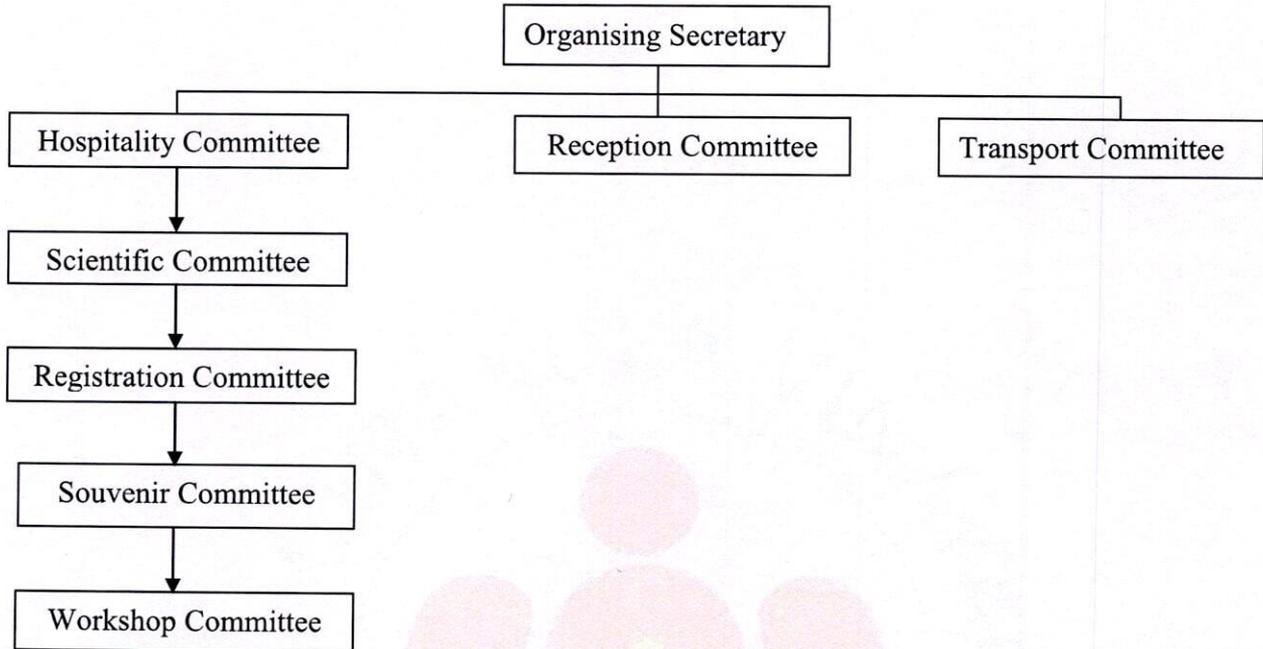
f) Function of the advisory committee:

- i) The advisory committee shall review the proposal submitted by each sub-committee and approves/disapproves as deemed necessary. In case of disapproval, the committee shall recommend suggestions for smooth conduct of the conference. After necessary rectifications, the proposal can be resubmitted for final approval.
- ii) Once the proposal is approved, the organizing committee shall seek advice/approval during every step of implementation of the plan.

4.4. The Hierarchy of the Conference/ Workshop:



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ANNEXURE - I

Reference No.: _____ / _____

Submission date and time: _____



Outward No.:

Date:

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration – Reg.

Official use only

1. Type of event:

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:

2. Title of the event:

3. Name of the organising department:

4. Date and time:

5. Venue:

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6. Number of delegates expected to participate (internal and external):
- Internal: _____
- External: _____
7. Contact person name and mobile number: _____
- Intercom number: _____
8. List of Resource person with complete details: _____
9. Total anticipated expenditure details: _____
10. Source of funding: Participants/ Management / Sponsorship _____
11. Sponsoring Agencies, if any: _____
12. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No _____
13. Format of invitation / brochure and certificate of participation (please attach): _____
14. Additional information / Remark: _____

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15. Funding required from management: Yes / No

If yes, funding required: Rs. _____ (in words) _____

Chairperson
Conference committee

Member / Secretary
Conference committee

HOD / Organising Secretary
(Signature with seal)

Director
SMVMCH

Dean
SMVMCH

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

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ANNEXURE - II

1. The registration fee for delegates shall be decided and stated in the proposal.
2. The Organizing Secretary shall consult the advisory committee with respect to Scientific Programs and take its approval.
3. In the inaugural function, sufficient time and speakers should be finalized prior to the submission.
4. The format of certificates shall be decided in consultation with the advisory committee and the format should have uniformity. *Uniform format and design for certificates in the prescribed format.*
5. All the certificates shall be printed and issued to the concerned by the organizers.
6. Time slot should be stated in the proposal.
7. Stage arrangement for inauguration shall be meticulously planned by the organizing committee in consultation with the advisory committee.

Signed by

Date:

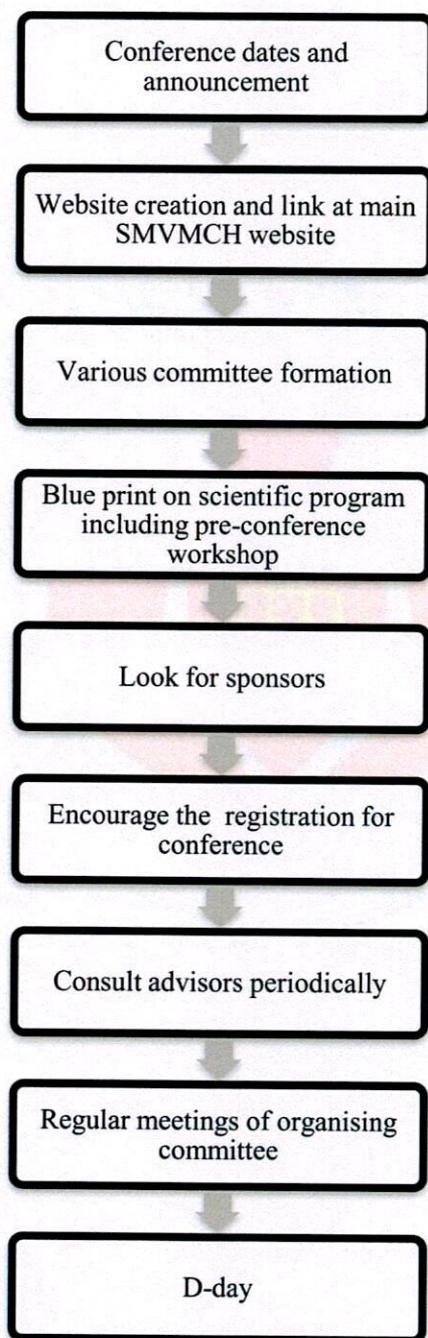
Organizing Chairman

Organizing Secretary

Treasurer

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Suggest the timelines of execution of various tasks



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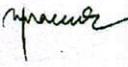
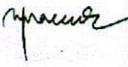
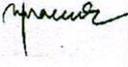
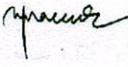
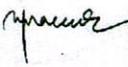
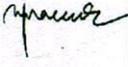
5. RECORDS:

- 5.1. Invitation.
- 5.2. Brochures.
- 5.3. Certificate.
- 5.4. Press note.
- 5.5. Event report.
- 5.6. Budget report.
- 5.7. Receipt book.
- 5.8. Bank statement (if available).

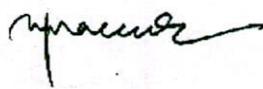
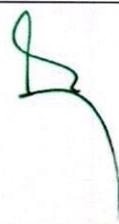
6. REFERENCES:

- 6.1. Indian Pharmacological Society, Centre for advanced research for pre-clinical toxicology.
- 6.2. Food & drug toxicology research centre, National institute of nutrition (Indian Council of Medical Research), Hyderabad, India, 500 007.

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Sl. No.	Page No	Section/ Clause/ Para/Line	Date of Amendment	Amendment Made	Reasons For Amendment	Amended By	Approved by
1	3	3.2-(c)	27-01-2021	A new member was included in the committee	Up-gradation of CAC manual	NABH coordinator	
2	4	4.1.(b)	27-01-2021	Section 4.1.(b) has been changed	Up-gradation of CAC manual	NABH coordinator	
3	5	4.2.(c)	27-01-2021	Section 4.2(c) modified	Up-gradation of CAC manual	NABH coordinator	
4	7	4.3(a)-ix, 4.3(c)-ii	27-01-2021	Section 4.2(a)-ix, Section 4.3(c)-ii – has been modified	Up-gradation of CAC manual	NABH coordinator	
5	8	4.3(d)	27-01-2021	Section 4.3(d) - modified	Up-gradation of CAC manual	NABH coordinator	
6	13	Annexure - II	27-01-2021	Point 4- updated	Up-gradation of CAC manual	NABH coordinator	

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	Designation	Signature
Prepared by	Dr. K. Karthikeyan Dean (Academic)	
	Dr. M. Pragash Medical Superintendent	
Reviewed by	Dr. R. N. Kagne Deputy Director and Dean	
Approved & Issued by	Dr. D. Rajagovindan Director	

————— Medical college and Hospital —————
 Kalitheerthalkuppam, Madagadipet, Puducherry – 605 107.

CONFERENCE ADVISORY COMMITTEE

Proposed budget for the academic activities – Revised

Date: 26.03.2021

1. CME (Half day):

S. No.	Item	Rate
1	Refreshment (guests)	Rs. 500/-
2	Banner	Rs. 1,500/-
3	Honorarium for resource person*	Rs. 2,500/person
4	Memento	Rs. 500/person
5	Transport	As per foot note

*Maximum 2 external resource person

Other expenses should be raised from delegate registration fee and sponsor

2. Guest lecture:

S. No.	Item	Rate
1	Refreshment (guests)	Rs. 500/-
2	Banner	Rs. 500/-
3	Honorarium for resource person*	Rs. 2,500/person
4	Memento	Rs. 500/person
5	Transport	As per foot note

3. Quiz (Inter-Collegiate):

S. No.	Item	Rate
1	Refreshment (guests)	Rs. 500/-
2	Banner	Rs. 500/-
3	Prize for winners Trophy Certificate	I – Rs. 1,500/person II – Rs. 1,000/person

*Other expenses should be raised from delegate registration fee and sponsor

4. CME (one day) / Conference (one day)*:

S. No.	Item	Rate
1	Refreshment (Speakers) & Lunch	Rs. 500/-
2	Banner	Rs. 1,500/-
3	Honorarium for resource person*	Rs. 2,500/person
4	Memento	Rs. 500/person
5	Transport	As per foot note

*Other expenses should be raised from delegate registration fee and sponsor

TRUE COPY ATTESTED

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

Signature
 26/3/21

5. Workshop:

S. No.	Item	Rate
1	Refreshment (guests)	Rs. 500/-
2	Banner	Rs. 1,000/-
3	Honorarium for resource person*	Rs. 3,000/person
4	Memento	Rs. 500/person

*Maximum 2 external resource person

Other expenses should be raised from delegate registration fee and sponsor

6. Others:

S. No.	Item	Rate
1	Day celebration	Rs. 2,000/-

Note:

- Approval has to be obtained for all programs 15 days in advance from the Director through the Advisory Committee.
- Local conveyance for resource person – Rs. 500/-.
- Outstation conveyance for resource person,
 - i) Rs. 10/Km by car (upto ⁵⁰⁰ ~~300~~ kms ^{to and fro}).
 - ii) By train 2nd AC fare
 - iii) By flight only with prior permission.
- Accommodation for speakers will be provided at SMVMCH Guest House on request.
- Lunch for the guest will be arranged at Director/MS office during the
- Invitation/brochure/certificate can be printed from SMVMCH press on request. In case not able to print in SMVMCH press (due to technical reasons) printing expenses can be budgeted not more than Rs. 1,500/- ^{reg thro}
- Registration fee for conference and CME is mandatory.
- TNMC credit points fee to be collected separately from the participants.
- Quiz team should have maximum of 3 members.
- In case of any other program/event, a special request may be submitted to the committee for approval.
- Events organized through online mode all apply except transport.

Approved
26/3/24

TRUE COPY ATTESTED

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

Approved
MS Teer
26/3

Reference No.: _____ / _____

Submission date and time: _____

**Sri
MANAKULA**



VINAYAGAR

Medical college and Hospital

Outward No.:

Date:

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration – Reg.

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event:
3. Name of the organising department:
4. Date and time:
5. Venue:
6. Number of delegates expected to participate (internal and external):
Internal: _____
External: _____
7. Contact person name and mobile number: _____
Intercom number: _____
8. List of Resource person with complete details:

TRUE COPY ATTESTED

DR. S. ANAND
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL SUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

9. Total anticipated income details:
10. Total anticipated expenditure details:
11. Source of funding: Participants/ Management / Sponsorship
12. Sponsoring Agencies, if any: _____
13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
14. Format of invitation / brochure and certificate of participation (please attach):
15. Additional information / Remark:
16. Funding required from management: Yes / No
 If yes, funding required: Rs. _____ (in words) _____
 _____.

Chairperson
Conference committee

Member / Secretary
Conference committee

HOD / Organising Secretary
(Signature with seal)

TRUE COPY ATTESTED

DEAN
SRI MAANKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALTHEERTHALKUPPAM,
MADHAVAPET, PUDUCHERRY-605 107.

Director
SMVMCH

Dean
SMVMCH

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean Approval.

Sri Manakula Vinayagar Medical College and Hospital
Department of Physiology
10th year celebration

- Program Number(4) : Quiz on "Haematology "
- Date of program : 28.01.17

Budget detail (for 215 delegates)

S.no	Category	Rate(Rs)	No. of persons	Total(Rs)
1.	Catering			18270
	<u>Morning: tea &snacks</u> Delegates,[Guest Speaker, Management, Professors dept, Others]	10	215	2150
	<u>Lunch</u>	75	215	16125
2	<u>Remuneration for speaker</u>	2500	1	2500
	<u>conveyance</u>	500		500
3	Registration kit	25	175	4375
4	Banners			1500
5	Stage decoration			1500
6	Water			500
7	Cash Prize for Quiz Participants			9000
	I Prize	4000		
	II Prize	3000		
	III Prize	2000		
8	Badges			500
9	Memento		1	From SMVMCH
10	Certificate		200	From SMVMCH
11	Reception items and lamp lighting			300
	Grand Total (Rs)			38945
	Registration fee			22500
	Team	300	50	15000
	Faculty	300	25	7500
	Amount Required (Rs)			16445

*Requesting for memento - Quiz Priz. - 12 +
Judges - 3 (Local) +*

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 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHALKUPPAM,
 MADAGADIPET, PUDUCHERRY-605 107.

Undergraduate Intercollege Quiz Competition on "Hematology"

Program Schedule

08.30 – 09.00 am	:	Registration
09.00 – 10.00 am	:	Preliminary written Quiz
09.00 – 10.00 am	:	Guest Lecture
10.00 – 10.30 am	:	Inauguration
10.30 – 11.00 am	:	Tea Break
11.00 – 01.00 pm	:	Grand Finale
01.00 – 01.30 pm	:	Valedictory Function
01.30 pm	:	Lunch

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

06.02.17

To

The Director

SMVMCH

Puducherry

Through (proper channel)

Respected sir,

Sub: Request to approve the tentative budget

As part of 10th year celebration, the Epidemiology Unit, Department of Community Medicine has planned to organize workshop on 'Efficient Quality-assured Data Capture and Analysis using EpiData' for faculty of SMVMCH between 22-24, February, 2017. The program schedule and the budget are attached.

I kindly request you to approve the tentative budget and do the needful.

Thanking You,

Yours faithfully,

Dr. Vinayagamorthy.V

Assistant Professor

In charge-Epidemiology Unit

Department of Community Medicine

SMVMCH

forwarded

AW

6/2/2017

Professor & Head
Community Medicine Department
SMVMCH, Kalitheerthalauppam,
Puducherry.

TRUE COPY ATTESTED

DEAN
SRI MANAKULANINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALAUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Approved & forwarded to
the Director

mpareen
7/2/17

R-Ganesh
7/2/17.

forwarded into
M

Tentative budget for Workshop on

“Efficient Quality-assured Data Capture and Analysis using EpiData”

No of participants: 25

No of resource persons: 5 (4-External and 1-Internal)

Registration charge: Rs.1200 per participant = 30,000

Sl. No	Item	Rate(Rs) x (No. of person)	Money (Rs)
1.	Pen	5x 30	150
2.	Refreshment (25 +5+5)*	40 x 35 = 1400 x 3days	4200
3.	Lunch (25 +5+5)*	120 x 35 = 4200 x 3 days	12600
4.	Disposal cups and tissue papers	----	500
5.	Banner	----	400
7.	Group photo printing	----	200
8.	Remuneration	2500 x 4	10000
9.	Manual	180 x 25	4500
10.	Registration fee for Statistician and Mr.Martin Prabu	1200 x 2	2400
11.	Certificate printing	From college press	
12.	Mementos – 5 nos	From college	
13.	Vehicle to pick up resource persons	From college	
Total (expense)			34,950
Money from Registration fee			30,000
Money required from management			4,950

*25 Participants + 5 Resource persons + 5 Helpers

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DEAN
BRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 017.

[Signature]
forwarded

[Signature]
6/4/17

Approved & forwarded to
the Director
7/2/17

[Signature]
7/2/17

Professor & Head
Community Medicine Department
Kalitheatalkuppam.



Workshop on 'Efficient Quality-assured Data Capture and Analysis using EpiData'

Sri ManakulaVinayagar Medical College and Hospital, Puducherry

February 22-24, 2017

EpiData entry and analysis workshop schedule

Day-1 (22-02-2017) Wednesday		
Time	Session	Facilitator
9:00- 9:15 AM	Inauguration	
9:15 – 9:30 AM	Introduction of participants and facilitators	
9:30-9:45 AM	Course Overview	Dr.Vinayagamoorthy V
9:45-10:15 AM	Installation of software	All facilitators
10:15-10:30 AM	Tea Break	
10:30-11:45 AM	Data documentation sheet Exercise	Dr.Vinayagamoorthy V
11:30-01:00 PM	Overview of EpiData Manager software and Structure Form, Exercise	Dr.Palanivel C
01:00-02:00 PM	Lunch Break	
02:00-03:00 PM	Conditional formatting	Dr.Pruthu T K
03:00- 03:15 PM	Tea Break	
03:15- 04:00 PM	Double data entry and validation	Dr.Divya Nair
04:00- 04:30 PM	Exporting data to Excel, STATA, SPSS	Dr.Gomathi R
Day-2 (23-02-2017) (Thursday)		
9:00 – 9:45 AM	Overview of EpiData Analysis software	Dr.Palanivel C
09:45- 10:45 AM	Types of variables and summary statistics for continuous and categorical variables	Dr.Palanivel C
10:45-11:00 AM	Tea Break	
11:00-12:00 AM	Demonstration and exercise on summary statistics	Dr.Vinayagamoorthy V
12:00-01:00 AM	Demonstration and exercise on restructuring of data	Dr.Divya Nair
01:00-02:00 PM	Lunch Break	

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KALITHURAI, PUDUCHERRY
MADAGADI PET, PUDUCHERRY-605 107.

02:00-03:00 PM	Inferential Statistics- Confidence interval and Hypothesis Testing	Dr.Palanivel C
03:00-04:30 PM	Demonstration and exercise on inferential statistics for continuous variable	Dr.Pruthu T K
Day-3 (24-02-2017) Friday		
09:00-10:00 AM	Concept of Odds Ratio and Relative Risk	Dr.Palanivel C
10:00- 10:15 AM	Tea Break	
10:15-11:30 AM	Demonstration and inferential statistics of categorical variable	Dr.Vinayagamoorthy V
11:30-12:30 AM	Importing of data from other file formats	Dr.Gomathi R
12:30-01:00 PM	Demonstration of Graphs in EpiData	Dr.Pruthu T K
01:00-02:00 PM	Lunch Break	
02:00-03:00 PM	Reporting of statistics in manuscripts	Dr.Palanivel C
03:00-03:15 PM	Tea Break	
03:15-04:00 PM	Explanation on course completion assignment	Dr.Vinayagamoorthy V
04:00-04:30 PM	Feedback and Valedictory function	

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SRI MAHAKULAVINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Details of resource person for Mememto

Title: Workshop on "Efficient Quality-assured data Capture and Analysis using EpiData" on 22-24 February 2017

By Research Committee, Sri Manakula Vinayagar Medical College and Hospital, Puducherry.

Sl. No.	Details
1	Dr Palanivel C JIPMER
2	Dr Pruthu T K MGMC + RI
3	Dr Divya Nair SVMCH + RI
4	Dr Gomathi R SVMCH + RI
5	Dr Vinayagamoorthy V SMUMCH

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DR. R.
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 007.

Sri Manakula Vinayagar Medical College and Hospital, Pondicherry

25.02.17

To

The Director

SMVMCH

Puducherry

(Through proper channel)

Respected Sir,

Sub: Permission letter for arranging logistics for training program and grant funding-reg

As a part of 10th year celebrations of our institution, the Department of Community Medicine is organizing Foundation course for Doctors and Nurses in collaboration with Sanjeevan, Pondicherry between 27th Feb- 1st Mach, 2017. Kindly approve the fund mentioned below and please do the needful.

No of Participants: 35, No of resource persons: 10 (5 – External and 5 – Internal)

S.No	Item	Borne by	Amount
1	Refreshments and lunch	Sanjeevan	-
2	Banner	SMVMCH	Rs.500
3	Mementos	SMVMCH	From college
4	Group Photo	SMVMCH	Rs.400
	Total		Rs 900

Thanking you,

Yours faithfully,

Forwarded to
Dr. Pragathi.
16/2.

Forwarded to Director Sir.
R. Ganesh
25/2/17

TRUE COPY ATTESTED

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

Forwarded to
25/2/17

M (10) / 186
JMB
25/2

~~Foundation Course~~

"

FOUNDATION COURSE FOR DOCTORS AND
NURSES IN PALLIATIVE CARE"

ORGANISE DEPARTMENT OF GMP

Sri Manakula Vinayagar Medical College and Hospital
Department of Physiology
10th year celebration

- Program : Quiz on "Hematology "
- Date of program : 28.01.17

Budget detail

Sources of income

1.	By registration :	25,800.00
	• Online	17,100.00
	• DD	5,700.00
	• Spot	1,800.00
	• Cash	1,200.00
2.	From SMVMCH	32,445.00
	• Budget proposal	16,445.00
	• Extra amount requested	16,000.00
3.	From Hostel Accommodation(girls)	1,000.00
4.	Bank Interest	185.00
5.	Budget granted for Exhibition of models in Physiology	5425.00
Total:		64,855.00

No of teams participated	: 66x300	19,800.00
No of faculty	: 21x300	6,300.00
Total		26,100.00

(Madurai medical College DD Rs.300/- not received) even after many reminders via e-mail)

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

Sri Manakula Vinayagar Medical College and Hospital
Department of Physiology
10th year celebration

- Program : Quiz on "Hematology "
- Date of program : 28.01.17

Expenditure detail

1. Banner(Murthy Arts)	3,500.00
2. Speaker(Dr. Prasanth Ganeshnan)	5,000.00
3. Ms. Deepika	350.00
4. Dr. Bethiun	2,895.00
5. Ms. Sentamil Selvi	4,675.00
• Advance for lunch	5,000.00
6. Ms. Thendral	130.00
7. Dr. Senthil Velou	35,872.00
8. Dr. Soundariya	1,265.00
9. Bank deductions (29x4)	116.00
10. Others	245.00
11. Remaining amount for lunch	20,500.00
Total	79,548.00

Amount to be paid **29,500.00**

- To Dr. Senthil Velou : 8,000.00
- For Lunch remaining balance: 20,500.00
- To Maintain Account in bank: 1,000.00

Amount remaining **9,807.00**

- Cash : 6,937.00
- In bank : 2,870.00

Amount required: 19,693.00

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



SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL

KALITHEERTHALKUPPAM, PUDUCHERRY - 605 107.

To

Date : 01.02.2017

The Dy Medical Supdt (Surgical)

SMVMCH

Puducherry

Sir,

Through the Director

Sub: Guest lecture – reg.

We would like to conduct a guest lecture on H1N1 influenza on 7 th February at our college. Kindly permit and sanction a sum of rs 5,000/- (five thousand only) towards honorarium and local hospitality.

Thanking you sir,

Yours sincerely,

Dr. R.Gopal.

HOD Microbiology

NAME OF THE SPEAKER : DR.SANGEETHA JOSHI

DESIGNATION : CONSULTANT IN INFECTIOUS DISEASES,
HINDUJA HOSPITALS, MUMBAI.

VENUE : LEC HALL -2

DATE : 07.02.2017

TIME : 2:30 to 3:30 pm

TRUE COPY ATTESTED

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

Forwarded

Approved as forwarded
Dr. R. Gopal
1/2/17

Sri Manakula Vinayagar Medical College & Hospital

Department of Microbiology

Statement of Income & Expenditure – Guest Lecture
Held on 7th February 2017.

Advance amount received from Management on 04.02.2017 - Rs.5,000/-

Expenditure

Honorarium - 2500/-

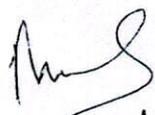
Gift - 315/-

Bouquet - 185/-

Water,tea,Snacks - 500/-

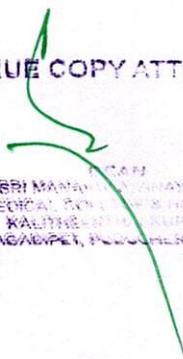
Total expenses - 3,500/-

Balance - Rs. 1,500/-


Dr.R.Gopal 15/2/17

HOD (Microbiology)

TRUE COPY ATTESTED


SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEENATHI, KURUPPAM,
MADAGAMPET, MADURAI-625 107.

1238

From,

Dr. N.S. Kannan,
Professor and Head,
Department of General Surgery,
Sri Manakula Vinayagar Medical College and Hospital.

To,

The Director,
Sri Manakula Vinayagar Medical College and Hospital.

Subject: Conduct of CME - regarding.

Respected Sir,

This is to inform you that we are planning to conduct a CME with Guest Speakers. Theme being "Cancer Therapy and GERD." The topics are:

1. GERD.
2. Principles of Chemotherapy for Cancers.
3. Principles of Radiotherapy for Cancers.
4. The concept of Tumour Board.

First two topics 11 a.m. to 1 p.m.
1 p.m. to 2 p.m. Lunch.
2 p.m. to 4 p.m. Topics 3 and 4.
Date: 21.04.2017

Pfizer Company has accepted to sponsor lunch. Expected audience 75 to 100. Audience includes PG students and Faculties of General Surgery, General Medicine, ENT, Obstetrics and Gynecology, Radiodiagnosis and Pathology of Sri Manakula Vinayagar Medical College and Hospital and nearby Medical Colleges.

We request logistic help and guidance on this issue. We also request to arrange for MIT Auditorium as venue. This issue has been discussed orally with Deputy Director/Dean and DMS Dr. Pragash, in charge of CME's.

Thanking You,

Printed
12/4/17
Returned to Dr. Kannan for necessary
12/4/17

12/4/17
Yours Sincerely,

Copy To:

- ❖ The Deputy Director/The Dean
- ❖ Medical Superintendent
- ❖ Dr. Pragash, Deputy Medical Superintendent
- ❖ Dr. Ganesh, Department of Dental Surgery

DR. N.S. KANNAN
PROFESSOR & HOD
Reg. No. : 24901
GENERAL SURGERY
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet
Puducherry - 605 107.

20/4/17
Letter to be given to Mr. Prasad for booking of Auditorium on 21/4/17

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

From

Date : 18.01.2017

Dr.R.Sasikala
Professor & HOD
Department of OBG
SMVMC & H.

To

The Director
SMVMC & H.

Sub : CME Program on 05.02.2017 – Regarding.

Respected sir,

As we have planned to conduct a CME on "INFERTILITY" as decennial celebration of our college on 05.02.2017. I request you to sanction Rs.32,500/- to conduct the CME.

S.No	Name of the Items	Qty	Amount
1	Banners		Rs.3000/-
2	Stage Decoration		Rs.3000/-
3	No. of Participants Expected	100	
4	No. of Speakers	4	
5	Transportation		Rs.12,500/-
6	Honararium (4x2500)	4	Rs.10,000/-
7	Invitation, Certificates & Memento		SMVMCH
8	Tea & Snacks { Morning (20x 100) Evening (20 x 100)	4000	Rs.4000/-
9	Lunch for the participants (100 x 200)	200	Rs.20,000/-
10	Total expenses anticipated		Rs.52,500/-
11	Registration fee (200 x 100)		Rs.20,000/-
12	Total income expected		Rs.20,000/-
13	Remaining amount		Rs.32,500/-

TRUE COPY ATTESTED

Thanking you,

forwarded to
Dr. Pragas
18/1/17.

DEPT
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERU, MADURAI
MADAGADIPET, PUDUCHERRY-605 197.

Yours sincerely,

PROFESSOR & HOD
Obstetrics & Gynaecology

Approved & forwarded to
the Director
18/1/17

Medical college and Hospital

Department of Obstetrics & Gynecology

CME EXPENSES on 05.02.2017

Advance from SMVMC & H : Rs.32, 500
Registration fee Collected : Rs. 25, 700

EXPENSES

Speakers : Rs.22, 500
Catering : Rs. 18,000
Banner : Rs. 2, 500
Credit points (DD) : Rs. 7, 100
Stage Decoration : Rs. 2, 000
Photographer : Rs. 1,000
Tea Snacks : Rs. 3,140
Bouquet : Rs. 500
Reception : Rs.715
Bank Account Opening : Rs. 500
Total Amount : Rs. 58, 200
Total Expenses : Rs. 57, 955
Balance : Rs. 245

TRUE COPY ATTESTED

Dr. R.Sasikala

Professor & HOD

Department of OBG

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

Dr. R. Sasikala, M.D., D.O.,
Regd. No. 11117

PROFESSOR & HEAD

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY
Sri Manakula Vinayagar Medical College and Hospital
Kalithoorthakuppam, Pudukkottai, Puducherry - 605 107.

From

08.12.16

Dr. M. Senthil Velou, M.D.,
Professor & Head,
Dept. of Physiology,
SMVMC&H,

To

The Director,
SMVMC&H,

Respected Sir,

Sub: Proposal for Inter College Quiz

We are planning to organize an Inter college Quiz program in Haematology on 28.01.17. We have attached the program schedule and budget proposal for the same.

Thanking you Sir,

Yours truly


(Dr. M. Senthil velou)

TRUE COPY ATTESTED


SRI WANEERUN VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHA, KUPPAM,
MADAGADIPEY, PUDUCHERRY-605 107.



SIMSCON 2013

(South Indian Medical Students' Conference)



Chief Patrons :

Shri. M. Dhanasekaran
Chairman & Managing Trustee
Shri S.V. Sugumaran
Vice Chairman
Dr. K. Narayanaswamy
Secretary

Patrons :

Prof. D. Rajagovindan
Director
Prof.M.Amaranathan
Dean
Prof. Rajendrakumar Kagne
Dean (Academic)
Prof.A.Bupathy
Medical Superintendent
Prof. S. Vetrikodi
Vice - Principal

Organising Secretary :

Dr. M. Pragash

Scientific Committee

Chairpersons

Dr. K. Karthikeyan
Dr. G. Kalaiselvan

Reception Committee

Chairperson

Dr. Annapurna Kumar
Mrs. K. Senthamil Selvi

Hospitality Chairpersons

Dr. G. Kalaiselvan
Dr. R. Ganesh

Registration Committee

Chairperson

Dr. V. Murugan

11.09.2013

From

Dr.Pragash.M
Organising Secretary
SIMSCON 2013
SMVMCH.

To

The Director
SMVMCH

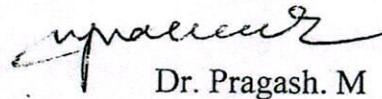
Respected Sir,

Sub : Submission of Account report for the advance
received for SIMSCON 2013 – Reg.

I am herewith submitting the account report for an
amount of Rs.1,00,000 /- (Rupees one lakh only) received as
advance (received Rs.25,000 /- on 17.04.2013 and Rs.75,000/-
on 19.08.2013) towards SIMSCON 2013.

Thanking you,

Yours faithfully,


Dr. Pragash. M

TRUE COPY ATTESTED

Address for correspondence

Dr. M. PRAGASH

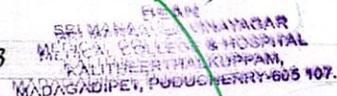
Organising Secretary SIMSCON 2013

Department of Orthopedics

Sri Manakula Vinayagar Medical College & Hospital,

Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107

Mobile : 9442044239 Fax : 0413 - 2643023 E-mail : simskon13@gmail.com



Account Report of SIMSCON – 2013

<u>Sl.No.</u>	<u>Bill No</u>	<u>Bill date</u>	<u>Particulars</u>	<u>Amount</u>
1.	WA-1010-2013	25.03.13	Poster design	1000.00
2.	517	19.04.13	Poster Printing	8000.00
3.	WA-1021-2013	11.06.13	Brochure design	2000.00
4.	WA-1024-2013	21.06.13	Brochure Printing	9550.00
5.	2282	25.04.13	Letter Pad	2600.00
6.	WA-1031-2013	12.08.13	Invitation design	500.00
7.	628	19.08.13	Invitation Printing	7000.00
8.	6921	29.08.13	Delegate Kit	10047.00
9.	5665	03.08.13	Disposables Cups, Plates	861.00
10.	2786	31.08.13	Prize mementoes	14500.00
11.	-	31.08.13	VIP Sweets	110.00
12.	-	01.09.13	Snacks (Morning & Evening)	2760.00
13.	290	01.09.13	Lunch	24000.00
14.	915	06.09.13	Screen Printing	945.00
15.	A131410251	30.08.13	Judges mementor	3150.00
16.	639	30.08.13	Certificate + Receipt	2200.00
17.	No bill	01.09.13	Miscellaneous (tips for lunch)	700.00
18.	CA8729	31.08.13	Audience Prize	380.00
19.	-	31.08.13	Reception items	411.00
20.	-	31.08.13	Water Cup, Stationery	286.00
21.	No bill	01.09.13	SIMS Quiz I Prize	4500.00
22.	No bill	01.09.13	SIMS Quiz II Prize	3000.00
23.	No bill	01.09.13	SIMS Quiz III Prize	1500.00
Total				<u>1,00000.00</u>

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

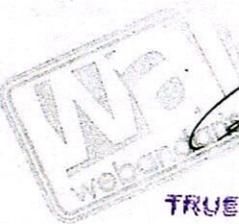
INVOICE



Invoice No. : WA-1010 - 2013
Date : 25/03/2013

No 64/A, 1st floor
Muthu Mariamman koil st,
Pondicherry-01
India

M/s. Sri Manakula Vinayagar
Medical College & Hospital
Pondicherry
India

DESCRIPTION OF INVOICE	Amount (INR)	
<p>Poster Design for SIMSCON 2013</p> <ul style="list-style-type: none">• Size 24"x18"• Color CMYK• Resolution 300DPI		
Total (₹)	1,000	
<p>Amount Chargeable (in words) Rupees one thousand only</p> <div style="text-align: right;">  For webandarts TRUE COPY ATTESTED Authorised Signatory</div> <div style="text-align: center; margin-top: 20px;"><small>DR. AN SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHANUR MADHAVAPET, PONDICHERRY-605 107.</small></div>		

TIN : 3440009943

CST No. : 3440009943/Dt.09.10.2009



213, Chetty Street,
Puducherry - 605 001.

No. 517

Date : 19/04/2013

To. Sri Manakula Vinayagar
Medical college

S.No.	Qty.	Particulars	Amount Rs.
1.	300 NO'S	Poster Multicolour & cover party	8000
		Paid	8000

Rupees Eight Hundred thousand
only D. Laxmi

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DR. DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALTHEER THALKUPPAM,
MADAGADIPEI, PUDUCHERRY-605 107.

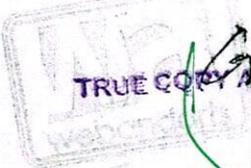
INVOICE



Invoice No. : WA-1021 - 2013
Date : 11/06/2013

No 64/A, 1st floor
Muthu Mariamman koil st,
Pondicherry-01
India

M/s SIMSCON 2013
Sri Manakular Vinayagar Medical College
Puducherry
India

DESCRIPTION OF INVOICE	Amount (INR)	
<p>Booklet design - 8 pages</p> <p>Size - 6"width x 8" height</p>		
Total (₹)	2,000	
<p>Amount Chargeable (in words) Rupees Two thousand only</p> <p style="text-align: center;"> Authorised Signatory</p> <p style="text-align: center;"><small>SRI MANAKULAR VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALHEENTHAIKUPPAM, MADAGADIRI, PUDUCHERRY-605 107.</small></p>		

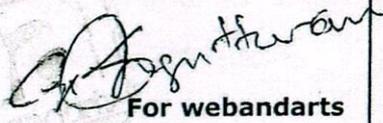
INVOICE



Invoice No. : WA-1024 - 2013
Date : 21/06/2013

No 64/A, 1st floor
Muthu Mariamman koil st,
Pondicherry-01
India

M/s SIMSCON 2013
Sri Manakular Vinayagar Medical College
Puducherry
India

DESCRIPTION OF INVOICE - SIMSCON BOOKLET	Amount (INR)	
<p>SIMSCON 2013 BOOKLET - 300nos</p> <ul style="list-style-type: none">• Booklet Print• Cutting & Pin• Cover & Cover Print		
Total (₹)	9,550	
<p>Amount Chargeable (in words) Rupees nine thousand five hundred fifty only</p> <p style="text-align: center;">TRUE COPY ATTESTED</p> <p style="text-align: right;"> For webandarts Authorized Signatory</p> <p style="text-align: center;"><small>DEAN SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGABIPET, PUDUCHERRY-605 107.</small></p>		

Labour Bill

Phone : 04146 - 228071
Mobile : 98432 - 24845



SVD Computers & Printers

12, K.R. Plaza, 154, Trichy Main Road
Villupuram - 605 602.

No. : 2282

Date : 25-4-2013

M/s. Sri. Manakula Vinayagar Medical College & Hospital

S.No	Particulars	Qty	Rate	Amount	
				Rs.	Ps
1.	Letter pad multi color Rimscen - 2013	1000		2600	
Total				2600	

Rupees Two Thousand Six hundred only
..... Only.

E. & O.E

[Signature]
For SVD Computers & Printers

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DEPT. OF
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALLIHERENTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

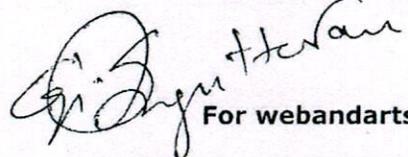
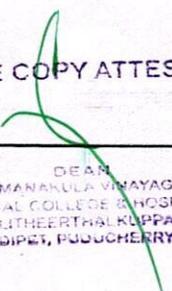
INVOICE



Invoice No. : WA-1031 - 2013
Date : 12/08/2013

No 64/A, 1st floor
Muthu Mariamman koil st,
Pondicherry-01
India

M/s SIMSCON
Sri Manakula Vinayagar Medical College,
Puducherry
India

DESCRIPTION OF INVOICE - SIMSCON invitation	Amount (INR)	
Invitation Design		
Total (₹)	500	
<p>Amount Chargeable (in words) Rupees five hundred only</p> <p style="text-align: right;"> For webandarts Authorised Signatory</p> <p style="text-align: center;">TRUE COPY ATTESTED</p> <p style="text-align: center;"></p>		

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

TIN : 34400009943

CASH / CREDIT BILL

CST No. : 34400009943/Dt.09.10.2009

நீலா
டிஜிட்டல்
அப்செட்
ஸ்கிரீன்

213, Chetty Street,
Puducherry - 605 001.

PH : 0437 - 6524403

No. 628

Date : 19.12.2012

To. SIMSEON - 2012

S.No.	Qty.	Particulars	Amount Rs.
1	300	Iwifation, Multicol	7000
		Paid	
			7000
Rupees <u>Seven Thousand only</u>			₹. In words

TRUE COPY ATTESTED

DEAN
SRI MANGALAM VINAYAGAR
MEDICAL COLLEGE'S HOSPITAL
KALITHEETHAI KUPPAM,
MADABAKPET, PUDUCHERRY-605 007.

TIN : 34680002320
 CST : 34680002320/1-4-2007

CASH BILL

0413 - 2343786



MADRAS PAPER AGENCIES

Dealers in : FILES, COVERS, NOTE BOOK & STATIONERIES

No. 191, M.G. Road, Puducherry - 605 001.

M/s.....
 No. : 6921
 Date : 29/8/13

QTY.	PARTICULARS	RATE PER	NON TAX		TAXABLE	
			Rs.	Ps.	Rs.	Ps.
100 NO	File Bag Fine	78/-			7800	
100 NO	Ball pen		425			
100 NO	Tic pad		1360			
2 NO	P/mattar		36			
2 NO	P/m/DM		46			
10047/-						
			1857		7800	
		VAT: 5%			390	
		Totals			8190	
		GRAND TOTAL			10047	

TRUE COPY ATTESTED

Goods once sold cannot be taken back.

DR. AN
 SRI MANABU VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHAKUPPAM,
 MADAGADIPET, PUDUCHERRY-605 107.
 MADAGADIPET, PUDUCHERRY-605 107.

TIN : 34750003009

CASH BILL

CST No. 34750003009/9-1-92



பத்மா ஏஜன்சீஸ்
PADHMA AGENCIES

Cell : 90954 70555
88708 11425
Ph : 2224274

249, ராஜபிள்ளை வீதி, புதுச்சேரி - 1

No. 5665

M/s..... Date 3/2/20

PARTICULARS	Rate Per 1000/1Kg	Qty	Amount	
			Rs	P
2:00g		70	360	-
7:00g		30	288	-
100:00g		20	62	-
100:00g		20	60	-
100:00g		40	80	-

860 -

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DEAN
SRI MANAVILA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALINDUR TALUKKUPPAM,
MADAGADIPEI, PUDUCHERRY-605 107.

TIN : 34500000382
C.S.T. : 34500000382 / 7-3-88

CASH / CREDIT BILL

Show Room : 4308684
Residence : 2236144
Mobile : 98431-15225

MAAL PLAZAA

No: 2786

No. 11, J. Nehru Street (Upstairs), Puducherry - 605 001.

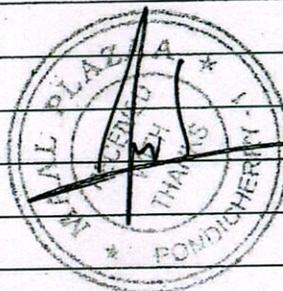
Date: 31/8/13

Dealers in : Gift Articles, Mementoes, Handicrafts, Corporate Gifts, Prizes, Awards, Sports Cups, Trophies, Shields, Medals etc.

To

Sri Manakula Vinayaga Medical College & Hospital
Pondicherry.

Qty	Description Of Items	Rate		Amount	
		Rs.	P.	Rs.	P.
3	walton fan mto -	1250	-	3750	-
3	walton fan mto -	1000	-	3000	-
3	walton fan mto -	800	-	2400	-
3	Daniel Tgh -	800	-	2400	-
3	Daniel Tgh -	600	-	1800	-
3	Daniel Tgh -	400	-	1200	-
				14,550	-
	Less Dis. 1-			2900	-
				11,650	-
	Less 2 days plate charge			2850	-
				14,500	-
	E.&O.E		TOTAL	14,500	-



Rupees

Agartha Chandan Jee...

For MAAL PLAZAA.

TRUE COPY ATTESTED

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



PH : 0413-4306606

VAT INVOICE

Customer Name & Address.
SIMSCON 2013

Bill Type : CASH BILL
 Bill No : CA8729
 Date : 31/08/2013
 D.C NO :
 D.C Date :
 P.O NO & Date :
 Vendor Code :
 Payment Terms :
 Despath thr'o :

S No	Particulars	Qty	Rate	Disc%	DiscAmt	TAX%	TaxAmt	Amount
1	FLAIR MAGIC GEL PEN	15	25.00	5.0	18.75	0.00	0.00	356.25
2	GREEN CLOTH COVER F/S	3	5.71	0.0	0.00	5.00	0.86	18.00
3	Luxor sign pen blue	1	6.00	0.0	0.00	0.00	0.00	6.00

19

Tax Summary

Gross Amount : 398.14
 Bill Disc Amount : 18.75
 Sub Total : 379.39
 Vat Amount : 0.86
 Round Off : -0.25

Amt In Words: Rupee Three Hundred Eighty Only

VAT TIN NO: 34240003726 / PAN NO : ADJPA1297K
 CST NO : 34240003726/PRC/DT.03.06.2002

Net Amount : 380.00

All Cheque and D.D in Favour of **QTECH SERVICES ONLY**. Please bring along the copy of invoice for warranty repairs if applicable, warranty clause stands void for damage caused due to mishandling of equipments for any reasons causing damage of the products like lack of knowledge, improper handling, electricity problem. Warranty on all equipment as per manufacturers policy and shall be directly provided by the manufactures.

This is computer Generated Invoice.

SSI MANAKULA VINAYAGAR
 MEDICAL COLLEGE HOSPITAL
 KALITHEERTHALKUPPAM,
 MADAGADIYET, PUDUCHERRY-605 107.

for Qtech Services

 Authorized Signatory

Customer Signature



SIMSCON-15

சென்னை
மருத்துவ கல்லூரி
மருத்துவ கல்லூரி - 605 007
மருத்துவ கல்லூரி - 605 007
மருத்துவ கல்லூரி - 605 007

31/8/13

வரிசை - 15
 சிங்கி - 15
 ம. மணிமொ - 20
 சோனி பாஹ்/பாக் - 195
 ஜெனரல் - 1
 மெட் - 60
 சிங்கி - 90
 சிங்கி - 15
 சிங்கி - 411

புள்ளி: 227196

MEMO

மேல்: 99422 64727

P.P. டிபார்ட்மென்ட்

750/7, கண்ணியா கோ அலாடி,
பரைய மாரி ஆஸ்பிடல் சந்து, விழுப்புரம் - 605 602.

SIMSCON-15 தேதி: 31/8/13

அம்மொ 4110 — 190

✓

TRUE COPY ATTESTED

DR. SRI MANAR VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAKUPPAM,
MADAGADIPEI, PULUCHERRY-605 107.

✓
Klaxer cup - 200 Nos ⇒ 96.00

Total = 286.00

சுப்பிரமணியன்

Ref. NO. 04/2021

(3)

Sri MANAKULA VINAYAGAR



Medical College and Hospital

Outward No: 667/SMVMCH/DVL/LTR/2021

Date: 21/1/2021

To
The Director
SMVMCH.

MCP
JMK
25/1/21

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz / Day celebration -- Reg.

Official use Reference No.

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration / Others

2. Title of the event:

3. Name of the organising department:

4. Date and time:

5. Venue:

6. Number of delegates expected to participate (internal and external):

Internal: _____

External: _____

7. List of Resource person with complete details:

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALIBERTHALL (PAM),
MADAGADIPEI, PUDUCHERRY-605 107.

8. Total anticipated expenditure details:

✓ NA

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council /

Any other agency: Yes / No

NA

12. Format of invitation / brochure and certificate of participation (please attach):

NA

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. _____ (in words) _____

(Signature)
(for Dr. K. Karthikeyan)
Dr. KEERTHI SUBRAMANIAM, M.D.
Reg. No: 69895
PROFESSOR
HOD / Organising Secretary
(Signature with seal) of Dermatology, Venereology & Leprosy
Eri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,
Puducherry-605 107.

(Signature)
DIRECTOR / DEAN
25/1/21

(Signature)
23/1/21
Member / Secretary
Conference committee

(Signature)
Chairperson
Conference committee
TRUE COPY ATTESTED

Registrar
SMVMCH

REGISTRAR
SMV HOSPITAL & HOSPITAL
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Ref. No - 05/2021

MCP
JMK
25/01/2021 (72)

Sri
MANAKULA VINAYAGAR
Medical College and Hospital

Outward No:

Date: 25/01/2021

To

The Director
SMVMCH.

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration / Others

Official use Reference No.

2. Title of the event:

BRAIN AUTOPSY TECHNIQUE

3. Name of the organising department:

DEPARTMENT OF PATHOLOGY

4. Date and time:

27.01.2021 at 12.00 to 1.00 PM

5. Venue:

DEPARTMENT OF PATHOLOGY

6. Number of delegates expected to participate (internal and external):

Internal: 18

External: 20

7. List of Resource person with complete details:

Copy Attached

TRUE COPY ATTESTED

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

8. Total anticipated expenditure details:

HONORARIUM & MEMENTO - Rs 3000/-

Title:

Date:

Time:

Pr
D
A
N

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council /

Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark: _____

14. Funding required from management: Yes / No - HONORARIUM & MEMENTO

If yes, funding required: Rs. 3,000 (in words) THREE THOUSAND

Kali Arney
25/11/2021

HOD / Organising Secretary
Dr. ERLIAMEL IVAN
Regd. No. 59931
Professor & HOD
Department of Pathology
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Puducherry-605107.

DIRECTOR / DEAN

22/11/21

Member / Secretary
Conference committee

[Signature]
Chairperson
Conference committee

Registrar
SMVMCH

[Signature]
Dr. R. GANESH

TRUE COPY ATTESTED

DEPARTMENT OF PATHOLOGY
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madhavapur, Puducherry - 605 107.

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

CRI M

Ref No-06/2021

4

Sri MANAKULA VINAYAGAR



Medical College and Hospital

Outward No: SMVMCH / Pharma / Fund / 635 / 2021

Date: 25/01/2021

To The Director / Dean
SMVMCH.

MCP
M-10
03/02/2021

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

1. Type of event:

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration (Others) - WEBINAR (VIRTUAL)

Official use Reference No.

2. Title of the event: DESIGNING AND VALIDATION OF A QUESTIONNAIRE

3. Name of the organising department:

DEPARTMENT OF PHARMACOLOGY

4. Date and time:

4.02.2021 and 11:00 am - 12:00 pm

5. Venue: - VIRTUAL

- Demonstration Room, Dept. of Pharmacology

6. Number of delegates expected to participate (internal and external):

Internal: 30

External: 60

7. List of Resource person with complete details:

Dr. Jayapriya . B ,
Associate Professor ,
Department of Pharmacology ,
Thangavur Medical College and Hospital

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KADITHURTHALKU NAM,
MADURAI (MIDEL) PUDUCHERRY-605 107.

8. Total anticipated expenditure details:

- Rs 1500/-
(for speaker
Honararium)

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: -

11. Accreditation from Tamil Nadu Medical Council /

Any other agency: Yes No

12. Format of invitation / brochure and certificate of participation (please attach):
ATTACHED

13. Additional information / Remark: NIL

14. Funding required from management: Yes No

If yes, funding required: Rs. 1500 (in words) THOUSAND FIVE
HUNDRED ONLY

M. Shree
25.01.21

HOD / Organising Secretary
(Signature with seal)

Professor & Head
Pharmacology Department
SMVMCH, Kalitrees, Thalkurpani,
Madhavadipey, Kumbherry-605 107.

Member / Secretary
Conference committee

R. James
30/1/21

Chairperson
Conference committee

TRUE COPY ATTESTED

DIRECTOR / DEAN

Registrar
SMVMCH

DEAN
SR. MANJULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITRES, THALKURPAN,
MADHAVADIPEY, KUMBHERRY-605 107.

Ref. No 07/2021

18

Sri **MANAKULA VINAYAGAR**



Medical College and Hospital

Outward No: SMVMCH/Physiology/2021-6

Date: 29.1.2021

To

The Director
SMVMCH.

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration – Reg.

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration / Others ✓

Official use Reference No.

2. Title of the event: " TIPS FOR EXAM
PREPARATION "

3. Name of the organising department:

Physiology

4. Date and time: 30.01.2021

03:00 pm.

5. Venue: Online (Google ~~Zoom~~)

6. Number of delegates expected to participate (internal and external):

Internal: 170

External: _____

7. List of Resource person with complete details:

Dr. Shivayogappa. S. Teli
Dept. of physiology, SMVMCH

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALAIKATTI, MADURAI
MADURAI, TAMIL NADU - 625 017.

8. Total anticipated expenditure details:

[]

- Nil -

9. Source of funding: Participants/ Management / Sponsorship

NA

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council /

Any other agency: Yes / No ✓

NA

12. Format of invitation / brochure and certificate of participation (please attach):

NA

13. Additional information / Remark: Nil

14. Funding required from management: Yes / No ✓

If yes, funding required: Rs. _____ (in words) _____

NA

Sales
HOD / Organising Secretary
(Signature with seal)
PROFESSOR & HOD
PHYSIOLOGY,
SRIMANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM
PONDICHERY - 605 107

Member / Secretary
Conference committee

R. Ganesh
29/1/21

[Signature]
DIRECTOR / DEAN
2/21/21

Registrar
SMVMCH

[Signature]
Chairperson
29/1/21
Conference committee

TRUE COPY ATTESTED

SRIMANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADADAPPET, PONDICHERY-605 107.

20


Sri MANAKULA VINAYAGAR

Medical College and Hospital

Outward No: 09/2021

Date: 1.2.2021

To
The Director
SMVMCH.

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

1. Type of event:
Conference / CME / Workshop / Guest Lecture / Quiz /
Day celebration / Others

Official use Reference No. 09/2021

2. Title of the event: Faculty Development program on
"Simulation based Medical Education"

3. Name of the organising department: OBG

4. Date and time: 2nd February, 2021 ; 2:15 to 3:15 PM

5. Venue: Basement Lecture hall, College block

6. Number of delegates expected to participate (internal and external):

Internal: 70

External: _____

7. List of Resource person with complete details:

Dr. Dinker pai
Professor of Surgery

Director
Simulation Centre

Mahatma Gandhi Medical College & Research Institute

TELECALLY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALINBERTHAL KUPPAM,
MADAGANIPET, PUDUCHERRY-605 107.

8. Total anticipated expenditure details:

Honorarium for resource person - Rs. 2500

Memento - Rs. 500

Snacks - Rs. 1300

Travel - Rs. 1600

Rs. 5900

As per the proposed budget for ka academic activities Rs 4000/- can be approved.

D. Ganesh

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council /

Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 5900 (in words) Five thousand

Nine hundred
rupees only

H. Jayaram

HOD / Organising Secretary

for ~~Dr. Manjivareddy~~ N.B., MRCOG,

Reg. No. 61743

Professor

Department of Obstetrics & Gynecology
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthakuppam, Madagadipet, Puducherry-605 107.

Member / Secretary
Conference committee

D.R. Ganesh (2/21)

DEPARTMENT OF OBSTETRICS
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAKUPPAM, MADAGADIPET, PUDUCHERRY - 605 107.

DIRECTOR / DEAN

2/21

Recommended Rs. 4000/-

Chairperson
1/4/4
Conference committee

Registrar
SMVM CH

TRUE COPY ATTESTED

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

Reference No.: 10 / 2021

(58)

M (P)
JOMK
Ajayam



Medical college and Hospital

Outward No.:

Date: 03.02.21.

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
2. Title of the event: Demonstration of the USG guided paravertebral block and cadavre demonstration in dissection Hall.
3. Name of the organising department: Anesthesiology
4. Date and time: 05.02.2021
5. Venue: Surgical OT complex, Dissection Hall, SMCCH.
6. Number of delegates expected to participate (internal and external):
Internal: 35
External:
7. List of Resource person with complete details:

Dr. Siva Shanmugam, IT
Professor
MGMCR
Puducherry.

TRUE COPY ATTESTED

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

8. Total anticipated expenditure details:

To Sanction
Rs 3500/-
P. Ganesh

- Remuneration for Guest Speaker - 3000/- (12500/-) ✓
 - Moments - 500/- ✓
 - Tea & Socks - 750/- (NA) Banner - 14500/- ✓
- Total = 143500/-

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____ NA

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No NA

12. Format of invitation / brochure and certificate of participation (please attach): NA

13. Additional information / Remark: NA

14. Funding required from management Yes/ No

If yes, funding required: Rs. 3500 (in words) Three thousand ~~and~~ five hundred only.

04/02/21

PROFESSOR & HOD
DEPARTMENT OF ANAESTHESIA
Sri Manakula Vinayagar Medical College
Kalthietherthakuppam, Madagadipet, Puducherry

P. Ganesh
3/2/21
Member / Secretary
Conference committee

Recommended Rs. 3500/-

Chairperson
Conference committee

HOD / Organising Secretary
(Signature with seal)

Director / Dean
SMVMCH
3/2/21

Registered TRUE COPY ATTESTED
SMVMCH

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALTHIETHERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 007.

A copy to be submitted to the
my for Dean (Director).

after getting signature

(178)

Reference No.: 11 / 2021

Sri **MANAKULA**  **VINAYAGAR**

Medical college and Hospital

Outward No.: SMVMCH/Ref: NODMB/1879.

Date: 3/2/2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

MCO/AD
JMS
Station

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration – Reg.

Official use only

- 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: WEBINAR
- 2. Title of the event: ' COVID VACCINES - FACTS '
- 3. Name of the organising department: MICROBIOLOGY
- 4. Date and time: 10.02.2021 2.30 - 3.30 p.m.
- 5. Venue: Lecture hall 2 & 3
- 6. Number of delegates expected to participate (internal and external):
Internal: 100
External: NIL
- 7. List of Resource person with complete details:

Dr. JASMIN JOHNSON, MD (MICRO)

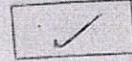
GENERAL MANAGER, TCS LIFE SCIENCES, THANE

TRUE COPY ATTESTED

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

Total anticipated expenditure details:

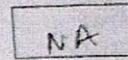
Honorarium for guest speaker - Rs 1500/-
Memento - Rs 500/-



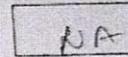
Source of funding: Participants Management Sponsorship



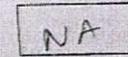
0. Sponsoring Agencies, if any: Nil



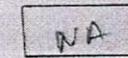
1. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No



12. Format of invitation / brochure and certificate of participation (please attach):

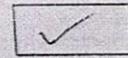


13. Additional information / Remark:



14. Funding required from management Yes / No

If yes, funding required: Rs. 2000/- (in words) Two Thousand only



Dr. R. Ganesh
Talks
10/2/21

R. Ganesh
15/2/21
Dr. R. GANESH, B.O.S.
Member / Secretary
Conference committee

Recommended
[Signature]
Chairperson
Conference committee

[Signature]
HOD / Organising Secretary
(Signature with seal)

TRUE COPY ATTESTED

Director / Dean
SMVMCH

Registrar
SMVMCH
DEAN
SRI MANAKULANAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 17 / 2021

Sri MANAKULA VINAYAGAR



94

Medical college and Hospital

Outward No.:

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Date: 19/2/2021

M (P-II) / RB
JUN 2021

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: Webinar
2. Title of the event:
Cytology of Mucic producing Salivary Gland Tumors
3. Name of the organising department:
Department of Pathology
4. Date and time:
22.02.2021 @ 12.00pm to 1.00pm.
5. Venue:
Department of Pathology (demo hall)
6. Number of delegates expected to participate (internal and external):
Internal: 20
External: 50
7. List of Resource person with complete details:

copy attached.

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHALU, MADAGADIPET, PUDUCHERRY - 605 107.

Title:
Date:
Time:

8. Total anticipated expenditure details:

Honorarium	-	Rs 1500
Banner	-	Rs 500
Memento	-	Rs 500
		<u>Rs 2500</u>

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No - Honorarium & Memento
If yes, funding required: Rs. 3000 (in words) Three
Thousand.

NA

NA

NA

NA

To Sanction Rs 2500/-

R. Ganesh
Dr. R. GANESH, B.D.S.,
Member / Secretary
Conference committee

[Signature]
Chairperson
Conference committee

[Signature]
HOD / Organising Secretary
(Signature with seal)

Director / Dean
SMVMCH
[Signature]

Registrar
SMVMCH

TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

SRI MA... HOSPITAL
KALHE...
MADAGADIPET, PUDUCHERRY

Reference No.: 18 / 2021

M-P-15/As
JONG
19/2/2021

Sri **MANAKULA VINAYAGAR**



Medical college and Hospital

Outward No.:

Date: 18.2.2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: NATIONAL DENTIST DAY (2021)
3. Name of the organising department: DENTISTRY & TREATMENT CAMP FOR STAFF NURSES (SHUKCH)
4. Date and time: 6.3.2021 (9.00 am - 12.00 pm)
5. Venue: DEPARTMENT OF DENTISTRY (OPD) 2ND FLOOR - HOSPITAL BLOCK
6. Number of delegates expected to participate (internal and external):
Internal:
External: NA
7. List of Resource person with complete details: NA

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

8. Total anticipated expenditure details:

Rs. 2000/-

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: Nil

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 2000/- (in words) TWO THOUSAND ONLY

Dr. R. Ganesh
Dr. R. GANESH, B.D.S.,
Member / Secretary
Conference committee
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Malithenthakuppam, Madagadipet, Puducherry - 605 107.

[Signature]
Chairperson
Conference committee

[Signature]
Dr. HOD / Organising Secretary
(Signature with seal)
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Malithenthakuppam, Madagadipet, Puducherry - 605 107.
Director / Dean
SMVMCH

Registrar
SMVMCH

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Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

Reference No.: 20 / 2021

Sri MANAKULA VINAYAGAR Medical college and Hospital



80

Outward No.: 699

Date: 19/2/21

M/ P-II/134
JUNE
23/2021

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | |
|---|-------------------------------------|
| 1. Type of event: | Official use only |
| Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: (webinar) | <input checked="" type="checkbox"/> |
| 2. Title of the event: | |
| "CONGENITAL DEAFNESS" | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: | |
| DEPARTMENT OF OTO-RHINO-LARYNGOLOGY | <input checked="" type="checkbox"/> |
| 4. Date and time: | |
| 03-03-2021, 2-4pm | <input checked="" type="checkbox"/> |
| 5. Venue: | |
| I floor Seminar Hall. | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external): | |
| Internal: 15 | <input checked="" type="checkbox"/> |
| External: 15 | |
| 7. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Dr. ANTONY PRUDHYA RAJAN.
M.S, (ENT), DLO
INSTITUTE OF OTO-RHINO-LARYNGOLOGY
CHENNAI.
MMC,

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

8. Total anticipated expenditure details:

High tea - Rs 750/-

GUEST HONORARIUM - Rs. 1500/-
COPYSPEAKER

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 2500 (in words) Two thousand
five hundred

Dr. Ganesh
Dr. R. GANESH, B.D.S.
Member / Secretary
Conference committee

Recommended
[Signature]
Chairperson
Conference committee

JMK
[Signature]
Registrar
SMVMCH

[Signature]
HOD / Organising Secretary
Dr. MARIAN RAJAGOPAL, M.B.B.S., D.O., M.S.
Regd. No: 38987
PROFESSOR & HOD
Department of Oto-Rhino-Laryngology
Sri Manakula Vinayaka Medical Hospital
Kallakurichi, Madhavani, Kanchery-605107.
SMVMCH
23/2/21

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAKAR
MEDICAL COLLEGE & HOSPITAL
KALTHEERTHI
MADAGADIPET, PUDUCHERRY-605007.

Reference No.: 21 / 2021

Sri
MANAKULA



VINAYAGAR

(D)

Outward No.: 698

Medical college and Hospital

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Date: 19/2/21

M/P-11/18
JMS
23/2/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | |
|---|-------------------------------------|
| 1. Type of event: | Official use only |
| Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: | <input type="checkbox"/> |
| " WORLD HEARING DAY " | |
| 3. Name of the organising department: | <input type="checkbox"/> |
| DEPARTMENT OF OTO-RHINO-LARYNGOLOGY | |
| 4. Date and time: | <input type="checkbox"/> |
| 01-03-2021 to 03-03-2021 | |
| 5. Venue: | <input type="checkbox"/> |
| Department of OTO-RHINO-LARYNGOLOGY | |
| 6. Number of delegates expected to participate (internal and external): | <input type="checkbox"/> |
| Internal: 25 | |
| External: 25 | |
| 7. List of Resource person with complete details: | <input type="checkbox"/> |

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DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHERRI HALKUPPAM,
MADAGADIPE, PUDUCHERRY-605 107.

8. Total anticipated expenditure details:

- BANNSA - Rs 1000/-
High tea - Rs 2000/-
Refreshment - Rs 300/-
Lighting / Sound

Pl. check
the CMO approved
budget details

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 3500 (in words) Three thousand five hundred.

To approve Rs 2000/- as per the proposed budget for the academic activities.

R. James
Member / Secretary
Conference committee

Recommended Rs. 2000/-
as per CMO's approved budget
[Signature]
Chairperson
Conference committee

HOD / Organising Secretary
(Signature with seal)
PROFESSOR & HOD
Department of Oto-Rhino-Laryngology
Kannada University Medical College & Hospital
Kannur, Kannur, Madhwayar, Pudukkottai
Director / Dean

TRUE COPY ATTESTED
[Signature]
28/7/2024
Registrar
SMVMCH
SEEMANUR, KANNUR
MEDICAL COLLEGE & HOSPITAL
KANNUR, KANNUR
MADAGADIPET, PUDUCHERRY-605 107.

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Received for proposal

(20)

Sri MANAKULA VINAYAGAR



Medical College and Hospital

Outward No: SMVMCH - Physiology - 23 - 2021

Date: 13.02.21

To

The Director
SMVMCH

M-P-D/18
JMB
25/2/2021

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

1. Type of event: An update on IPR-Patents in Medical profession. Official use Reference No. 22/2021
- Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others
2. Title of the event:
3. Name of the organising department: Physiology
4. Date and time: 24.02.21 @ 11 am
5. Venue: Google meet Dept of physiology.
6. Number of delegates expected to participate (internal and external):
- Internal: 20
- External: 80
7. List of Resource person with complete details:

Dr. Mangani Mangalavalli S
Asst Professor, Physiology

SMVMCH

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
T. S. S. VENKATACHARI KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

8. Total anticipated expenditure details.

Nil

9. Source of funding: Participants/ Management / Sponsorship

NA

10. Sponsoring Agencies, if any: Nil

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

NA

12. Format of invitation / brochure and certificate of participation (please attach):

✓

13. Additional information / Remark: No

14. Funding required from management: Yes / No

If yes, funding required: Rs. _____ (in words) _____

NA

Saha
HOD / Organising Secretary
(Signature with seal)
SRIMANAKUDAVAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM
PONDICHERY - 605 107

[Signature]
DIRECTOR / DEAN

Member / Secretary
Conference committee
DR. GANESH, B.O.S.

[Signature]
Chairperson
Conference committee

Registrar
SMVMCH

DEPARTMENT OF DENTISTRY
Sri Manakudavar Medical College and Hospital
Kallitheerthalluppan, Madagadipet, Pondicherry - 605 107.

TRUE COPY ATTESTED

SRIMANAKUDAVAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PONDICHERY-605-107.

Reference No.: 24 / 2021

9

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 681/SMVMCH/DVL/LTR/2021

Date: 24.02.2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

MCA-152 / 188
JMK
26/2/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration – Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: PG Clinics - 2021
3. Name of the organising department: Dermatology, Venereology & Leprosy
4. Date and time: 9th & 10th March
5. Venue: IV Floor Conference Hall
6. Number of delegates expected to participate (internal and external):
Internal: 4
External: 30
7. List of Resource person with complete details: enclosed

TRUE COPY ATTESTED

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

- 8. Total anticipated expenditure details: One Lakh
Enclord
- 9. Source of funding: Participants/ Management / Sponsorship &
- 10. Sponsoring Agencies, if any: KAIZEN LABS
- 11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
- 12. Format of invitation / brochure and certificate of participation (please attach):
- 13. Additional information / Remark: -
- 14. Funding required from management: Yes / No
If yes, funding required: Rs. 3000/- (in words) Three thousand only

<input type="checkbox"/>

R. Ganesh
Dr. R. GANESH, B.D.S.
 Reg. No. 5957
 TUTOR
 DEPARTMENT OF DENTISTRY
 and Hospital
 Kalitheerthalkuppam, Puducherry - 605 107.
Member/Secretary
Conference committee

Recommended
[Signature]
Chairperson
Conference committee

[Signature]
Dr. K. RAJESHREYAN, MD
 Reg. No. 5723
HOD / Organising Secretary
 (Signature with seal)
 Department of
 Sri Lanka
 Kalitheerthalkuppam, Puducherry
Director / Dean
SMVMCH

TRUE COPY ATTESTED
Registrar
SMVMCH
 REGISTRAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHALKUPPAM,
 MADAGADIPET, PUDUCHERRY-605 107.

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval

18

Reference No.: 25 / 2021

Sri MANAKULA VINAYAGAR Medical College and Hospital

Outward No.:

Date: 3rd March

To

The Director/ Dean, Sri Manakula Vinayagar Medical College and Hospital, Puducherry.

MCA-17 AS
Jude
5/3/2021

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Official use only

- 1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
- 2. Title of the event: WORLD KIDNEY DAY 2021
- 3. Name of the organising department: NEPHROLOGY & MEDICINE
- 4. Date and time: 11th March 2021
- 5. Venue: Basement Auditorium
- 6. Number of delegates expected to participate (internal and external):
Internal: 75-100
External:
- 7. List of Resource person with complete details:

Dr. P. SOUNDARARAJAN
Senior Consultant Nephrologist
ex prof. & head, SRMC Chennai
ex Prof & head, Savitri Medical College Chennai

TRUE COPY ATTESTED

Dr. Jhandavan Jhyagarajan
LFO, TIDES Co. Chennai

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
MADAGANAPALLE, PUDUCHERRY-605 007.

8. Total anticipated expenditure details: Rs (INR)
- | | | |
|--------------|----------|-------------------------------------|
| Banner | 1500 | <input checked="" type="checkbox"/> |
| Honorarium | 2500 x 2 | |
| memento | 500 x 2 | |
| Refreshments | 2000 | |
| SHAWLS | 500 | |
9. Source of funding: Participants/ Management / Sponsorship
10. Sponsoring Agencies, if any: _____
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
12. Format of invitation / brochure and certificate of participation (please attach):
13. Additional information / Remark:
14. Funding required from management: Yes / No
- If yes, funding required: Rs. 10,000 (in words) Ten thousand
only.

R. James
4/3/21
Member / Secretary
Conference Committee
Reg. No. 5367

Refreshment charge claimed
in lieu of transport
document & forwarded.
(Rs. 10,000) - Chairperson
Conference committee
4/3/21

[Signature]
HOD / Organising Secretary
(Signature with seal)
MCI Reg. No. 22 572, TNMC Reg. No. 119131
Senior Consultant Nephrologist
HOD, Nephrology Department
Sri Manakula Vinayagar Medical College & Hospital
Puducherry
Director / Dean
SMVMCH
5/3/21

DEPARTMENT OF NEPHROLOGY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Nedugaiyapet, Puducherry - 605 027.

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

TRUE COPY ATTESTED
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
NEDUGAIYAPET, PUDUCHERRY - 605 027

Reference No.: 26/2021

732

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Date: 05/03/21.

Outward No.:

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

MCA-II/AR
JMK
16/3/2021

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event:
 Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
 Others: Workshop.
2. Title of the event: ABG Workshop 2021
3. Name of the organising department: Biochemistry.
4. Date and time: 25/03/2021
5. Venue: Dept of Biochemistry.
6. Number of delegates expected to participate (internal and external):
 Internal: 30
 External: _____
7. List of Resource person with complete details:

1. Dr. S. P. Subramanian
Consultant Nephrologist
Sundarany Hospital, Trichy.

2. Dr. Girija
Professor
of medicine

Dr. S. Asmathulla
prof and HOD
Dept of Biochemistry
Smractal.

JMK
16/3/2021

TRUE COPY ATTESTED
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALMHEER (KALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

36

Total anticipated expenditure details: Rs 25200/-

[Rs 18000 will be generated from participant registration]

9. Source of funding: Participants/ Management / Sponsorship Rs 18000/-

10. Sponsoring Agencies, if any: NIL.

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 25200/- (in words) Twenty five thousand two hundred.

(Eighteen thousand will be generated from participants).

Delilla

Rs 8500/- Can be approved as per norms

HOD / Organising Secretary (Signature with seal)

[Signature]

Director / Dean SMVMCH *WPSM*

R. Ganesh
9/3/21
Member / Secretary, B.D.S.
Conference committee
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kallitheerthakuppam, Madhavipet, Puducherry - 605 107.

Recommended Rs. 8500/-
[Signature]
Chairperson
Conference committee

Registrar SMVMCH
TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE HOSPITAL
KALLITHEERTHAKUPPAM,
MADHAVIPET, PUDUCHERRY-605 107.

Reference No.: 30 / 2021

20

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 37/SMVHCH/IGAL/IPR/HAR/2021

Date: 15.03.2021

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M (P-3) / BT
23/3/21
M. W. R.
24/3/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | Official use only |
|--|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: UNLOCKING IPR IN HEALTH CARE
HIGHER EDUCATION | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: IPR committee | <input checked="" type="checkbox"/> |
| 4. Date and time: 15.04.2021 and 16.04.2021 | <input checked="" type="checkbox"/> |
| 5. Venue: MEU hall, college block | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: 45
External: | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

1. Dr. M. Senthil, Professor and Team leader,
Team Public Health Dentistry, IGIDS, Puducherry
2. Dr. M. Vikarshan, Reader, Department of Public
Health Dentistry, IGIDS, Puducherry
3. Dr. S. Mangani Mangalavalli, Assistant Professor,
Department of Physiology, SMVHCH, Puducherry

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERY WU KOPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

8. Total anticipated expenditure details: Rs. 1100
 Refreshment Rs. 2000
 Memento Rs. 600
 Photo Rs. 600
 Banner Rs. 12,000
 Remuneration -
TOTAL - Rs. 16,300/-

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: NIL

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 16,300/- (in words) Sixteen thousand and three hundred rupees only

R. Ganesh
 17/3/21
Dr. R. GANESH, B.D.S.,
 Member/ Secretary
 Conference committee
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthakuppam, Madagaripet, Puducherry - 605 007.

Special consideration
 Recommended Rs. 16,300/-
 Chairperson
 Conference committee
 18/3/21

S. Mangam Mangabavalli
 HOD / Organising Secretary
 (Signature with seal)
 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE AND HOSPITAL,
 KALITHEERTHAKUPPAM,
 PONDICHERRY - 605 007.
 Director / Dean
 SMVMCH

Registrar
 SMVMCH
 TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

Reference No.: 36 / 2021

(M)

Sri **MANAKULA VINAYAGAR** Medical college and Hospital

Outward No.:

To

Date: 20/1/2021
& 11/02/2021

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

21

Official use only

1. Type of event:

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: (onw)

2. Title of the event:

30/1/21 - Phenomenology & Assessment in OCD
11/2/21 - Pharmacological treatment of OCD & Managing
Resistive.

3. Name of the organising department:

PSYCHIATRY

4. Date and time:

30. 01. 2021 (2 pm - 4 pm)
11. 02. 2021 (2 pm - 4 pm)

5. Venue:

6. Number of delegates expected to participate (internal and external):

Internal: _____
External: 1

7. List of Resource person with complete details:

DR. Srinivas Balachander,
M.D. Psychiatry (P&I, Chandigarh)
PDF in OCD (NIMITANS, Bangalore)
Assistant Professor, OCD Clinic, NIMITANS Bangalore,
Srinivasbalachander@gmail.com
Ph: 98555 02434

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

8. Total anticipated expenditure details: online seminar (Jan 2021 & Feb 2021)

10000/- for resource person - Rs 2500 / person / seminar
x 2 (Seminar)
= 10000/-

9. Source of funding: Participants / Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 5000/- (in words) Five thousand
only.

Total exp. 10,346/-
towards 2 webinars
and any other expenses
7/1/21

Member / Secretary
Conference committee

Chairperson
Conference committee
TRUE COPY REQUESTED

Director / Dean
SMVMCH

[Signature]
Dr. S. ARUN, M.D.,
Regd. No: 77901
PROFESSOR & HEAD
DEPT. OF ORGANOLOGY
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthi, P.O. Palani, Tal. Palani, Dist. Pudukkottai-605 107.

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
PALANIKOTTAI, PUDUKKOTTAI
605 107.
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 37 / 2021

M/82/1A8
24/3/2021

M/82/25/2021

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Date: 19.3.21

Outward No.: 512/SMVMCH/RM/Prog/2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: Inauguration of IP Unit.
3. Name of the organising department: Respiratory Medicine
4. Date and time: 25.3.21, 11:30 A.M.
5. Venue: Basement Auditorium.
6. Number of delegates expected to participate (internal and external):
Internal: 6
External: 2
7. List of Resource person with complete details:

→ Dr. Henry G. Colt - (U.S.A)
→ Dr. Munavvar. M. (U.K).

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DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY-605 007.

8. Total anticipated expenditure details:

Banner - 1500/- 10,000/-
Guest Speaker (2) → 3000/- Memento - 2500/-
Snacks → 3000/-

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / (No)

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark: _____

14. Funding required from management: Yes / No

If yes, funding required: Rs. 10,000/- (in words)

Ten thousand only..

As per CAC Rs. 2000/- Can be sanctioned for day celebration.

Dr. R. GANESH, B.D.S.,
Member / Secretary
Conference committee

SMVMCH
Sri Manakula Vinayagar Medical College and Hospital
Kallitheerthakuppam, Madhavaram, Chennai - 605 107.

Recommended Rs. 2000/-
Chairperson
Conference committee
22/3/24

HOD / Organising Secretary
(Signature with seal)

Director / Dean
SMVMCH

TRUE COPY ATTESTED

Registrar

SMVMCH

SMVMCH
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALLITHEERTHAKUPPAM,
MADHAVARAM, CHENNAI - 605 107.

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 38 / 2021

M (P-1) / A8
3/11/21
24/3/21

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

mythyan 25/3/21

Outward No.: 511 / SMVMCH / RM / Prog / 2021

Date: 19.03.2021

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | | |
|---|---|--|
| 1. Type of event: | Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: | Official use only
<input checked="" type="checkbox"/> |
| 2. Title of the event: | Cryotherapy and Endobronchial lasers
- in Interventional Pulmonology | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: | Respiratory Medicine | <input checked="" type="checkbox"/> |
| 4. Date and time: | 25/3/21 2:30 P.M. to 4 P.M. | <input checked="" type="checkbox"/> |
| 5. Venue: | Basement Auditorium | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external): | Internal: 50
External: 4 | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details: | Dr. Pattabhi Raman V. R
Senior Consultant / Interventional Pulmonologist
Royal Care hospital
Coimbatore. | <input checked="" type="checkbox"/> |

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERIPALAI, KANNIYAKUMARI,
MADAGADIPETA, PUDUCHERRY-605 007.

8. Total anticipated expenditure details: 12,000/-
- Banner - 1500/-
- Guest Speaker - 2500/- Memento - 1000/-
- Transport - 5000/-
- Stalls - 2000/-
9. Source of funding: Participants/ Management / Sponsorship
10. Sponsoring Agencies, if any: _____
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes No
12. Format of invitation / brochure and certificate of participation (please attach): _____
13. Additional information / Remark: _____
14. Funding required from management: Yes / No
- If yes, funding required: Rs. 10,000/- (in words) _____
- Ten thousand only.

As per CMC Rs 7000/- May be sanctioned for Guest lecture

R. James
 Member / Secretary S.
 Conference committee
 DEPARTMENT OF MEDICINE
 Sri Manakula Vinayaga Medical College and Hospital
 Valluvar Kalviyogam, Madagadipai, Puducherry - 605 107.

Recommended Rs. 7000/-
[Signature]
 Chairperson
 Conference committee

[Signature]
 HOD / Organising Secretary
 (Signature with seal)
 Director / Dean
 SMVMCH
24/3/11

TRUE COPY ATTESTED
 Registrar
 SMVMCH

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

Note: A copy of the proposal should be sent to IQAC and Director/Dean approval.

Received on 29/3/21 2.30pm

29

Reference No.: 41 / 2021

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.:

Date: 27.3.21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

1. Type of event:

Official use only

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:

2. Title of the event:

World TB Day 2021

3. Name of the organising department:

Respiratory Medicine

4. Date and time:

31.3.2021 10.30 A.M.

5. Venue:

Hospital Compound.

6. Number of delegates expected to participate (internal and external):

Internal: 50

External: —

7. List of Resource person with complete details:

Respiratory Medicine department

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DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHERRIHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 007.

8. Total anticipated expenditure details:

Banner 1500/- 2000/-
Refreshment 500/-

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes/ No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 2000/- (in words)

Two thousand only

R. Ganesh
29/3/21
Dr. R. GANESH, B.D.S.,
Member / Secretary
Conference committee

Sri Manakula Vinayagar Medical College and Hospital
Kalthiethalkuppam, Madhavapal, Puducherry - 605 107.

[Signature]
29/3/21
Chairperson
Conference committee

Dr. S. YUVARAJAN, M.D., D.M.S.,
HOD / Organising Secretary
(Signature with seal)

Director / Dean
SMVMCH

Dr. KAGNE. R.N
DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Registrar
SMVMCH

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

Note: A copy of the proposal should be sent to IOAC after Director/Dean approval.

SMVMCH/Physiology/36/2021

Received on 29/3/21 3.00 pm.

Reference no: 42/2021

Sri
MANAKULA VINAYAGAR



Medical College and Hospital

26

Outward No: SMVMCH/Physiology/36/2021

Date: 29.03.21

To

The Director
SMVMCH.

M P - II / AS
Jd/AS
31/3/2021

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | Official use Reference No. |
|---|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration / Others (Webinar) | <input checked="" type="checkbox"/> |
| 2. Title of the event: E-Learning in Physiology | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: Physiology | <input checked="" type="checkbox"/> |
| 4. Date and time: 31 st March. 2021, 11 am | <input checked="" type="checkbox"/> |
| 5. Venue: Google meet ; Dept. of Physiology | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>10</u>
External: <u>60</u> | <input type="checkbox" value="70"/> |
| 7. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Mrs. Senthil Selvi. K
Asst. Prof, Physiology
SMVMCH.

TRUE COPY ATTESTED

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

Nil

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council /

Any other agency: Yes / No

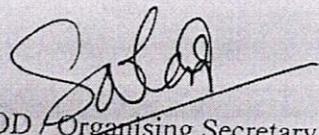
12. Format of invitation / brochure and certificate of participation (please attach):

attached

13. Additional information / Remark: _____

14. Funding required from management: Yes / No

If yes, funding required: Rs. _____ (in words) _____



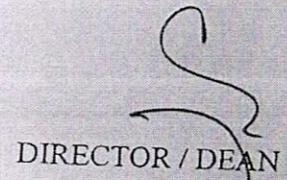
HOD / Organising Secretary
(Signature with seal)

PROFESSOR & HOD
PHYSIOLOGY
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM
PONDICHERY - 605 017

Member / Secretary
Conference committee

R. Ganesh
29/3/21

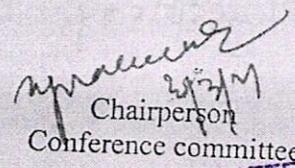
Dr. R. GANESH, B.D.S.
Reg. No. 5957
TUTCR
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
K. Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.



DIRECTOR / DEAN

29/3/21
Dr. KAGNE. R.N
DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSP
KALITHEERTHAL KUPPAM
PUDUCHERRY-605107.
Registrar
SMVMCH


Chairperson
Conference committee

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

Sri
MANAKULA VINAYAGAR

Medical college and Hospital

Reference NO: 43/2021

Outward No: SMVMCH/PHARMA/WORKSHOP/660/2021

Date: 26.3.2021

To
The Director

SMVMCH.

Sub: Submission of proposal for Workshop in April-Reg

Official use Reference No.

- | | | |
|--|--|-------------------------------------|
| 1. Type of event | : Workshop | <input checked="" type="checkbox"/> |
| 2. Title of the event | : Workshop on Basic Statistics | <input checked="" type="checkbox"/> |
| 3. Name of the organising department | : Pharmacology | <input checked="" type="checkbox"/> |
| 4. Date and time | : 21.04.2021 (8.30-4.30 PM) | <input checked="" type="checkbox"/> |
| 5. Venue | : Demo Hall , Department of Pharmacology | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external) | : 100 | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details : | | <input checked="" type="checkbox"/> |

1. Dr. S. Manikandan , Additional Professor , Department of Pharmacology, JIPMER Puducherry.

2. Dr. S. Suganthi, Assistant professor, Department of Pharmacology, JIPMER Puducherry.

TRUE COPY ATTESTED

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

8. Total anticipated expenditure details:

PARTICULARS	ANTICIPATED EXPENDITURE
1. Tamil Nadu Medical Council credit points	100 x 50 = 5000
2. Certificate generate	400
3. Banner	800
4. Speaker remuneration (4 sessions x 2 speakers' total = 8 sessions)	1500 x 8 = 12,000
5. Lunch & snacks	5000
6. Miscellaneous (Seal, Printing)	1000
Total	24,200

9. Source of funding : Participants (Registration)
(Registration amount Rs. 500
x 100 Participants = Rs. 50,000)
10. Sponsoring Agencies, if any : Nil
11. Accreditation from
Tamil Nadu Medical Council/ Any other agency : Yes
12. Format of invitation /brochure and certificate
of participation (please attach) : Attached
13. Additional information /Remark : Nil
14. Funding required from management : No

M. Shrin
26/3/21
HOD / Organising Secretary
Signature with seal
Professor & Head
Pharmacology Department
SMVMCH, Kalitheerthalkuppam
Puducherry.

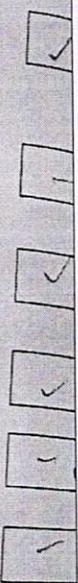
R. James
29/3/21
Member /Secretary
Dr. P. GANESH, B.D.S.
Conference committee

Manmohan
Manmohan
Chairperson
Conference committee

DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Maragadipet, Puducherry - 605 107

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

[Signature]
DIRECTOR / DEAN
Dr. RAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.
Registrar
SMVMCH



Outward No: SMVMCH/PHARMA/Week Celebration / 834/2022

Date: 27.08.2022

To
The Director
SMVMCH.

Sub: Submission of proposal for Week celebration – Reg

Handwritten: A/MP-D/1/1/22
JNK
S/P

Handwritten: 10/09/22

Handwritten: JNK
10/10/22

Official use Reference No: 45/2022

- | | | |
|---|--|-------------------------------------|
| 1. Type of event | : Week celebration | <input type="checkbox"/> |
| 2. Title of the event | : National Pharmacovigilance week
(Under Pharmacovigilance program of India, IPC) | <input checked="" type="checkbox"/> |
| 3. Name of the organising department | : Pharmacology | <input checked="" type="checkbox"/> |
| 4. Date and time | : 17.09.2022 to 23.09.2022 | <input checked="" type="checkbox"/> |
| 5. Venue | : 19 .09.2022 – UG Quiz competition | <input checked="" type="checkbox"/> |
| | : 20.09.2022 – 22.09.2022 – Awareness campaign
on ADR reporting by patients at SMVMC
Hospital Campus | |
| | : 23.09.2022 – Awareness campaign at RHC, Thirubuvanai | |
| Number of delegates expected to
participate (internal) | : 19.09.2022 – 150 UG Students
: 20.09.2022 – 23.09.2022 – 400 patients | <input checked="" type="checkbox"/> |
| 6. Contact person name and mobile number | : Dr. Vivekraj.N- 9791211768 | <input checked="" type="checkbox"/> |
| Intercom number | : 2091, 2081 | |
| 7. List of Resource person with complete details | : Faculty of Pharmacology, Department | <input checked="" type="checkbox"/> |

1. Pamphlets	800+400	= 1200
2. Banner		= 100
3. Certificates	12x25	= 300
4. Refreshment	6x250	= 1500
6. Trophies		
Total		3900

10. Source of funding : Management
11. Sponsoring Agencies, if any : Nil
12. Accreditation from
Tamil Nadu Medical Council/ Any other agency : Nil
13. Format of invitation /brochure and certificate
of participation (please attach) : Attached
14. Additional information /Remark : Nil
15. Funding required from management : Yes

If yes, funding required: Rs 3900 (in words) Three Thousand Nine Hundred only

Professor & Head
Pharmacology Department
SMVMCH Kalitheerthalkuppam
Puducherry.

HOD / Organising Secretary
Signature with seal

R. Ganesh
Member /Secretary
Conference committee

Forwarded
Chinnappa
Chairperson 3/9/20
TTC Conference committee

DIRECTOR / DEAN

Registrar
SMVMCH

DEAN
SRINIVASANULAKRISHNANAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Reference No.: 47/2021

Submission date and time: _____

9

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 743 / ENT / SMVMCH / 2021

Date: 10.04.21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M (P-21)
JMB
10/4/2021

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

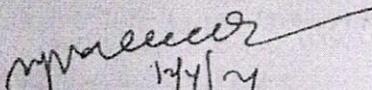
Official use only

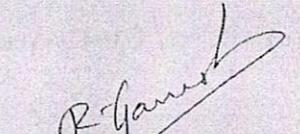
1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: online voice celebration event on social media platform [Facebook Page]
2. Title of the event: "Online voice celebration Event for kids"
3. Name of the organising department: ENT
4. Date and time: 16.04.2021
5. Venue: Online platform [Facebook] - Page.
https://m.facebook.com/ENTdepartmentPondicherry/
6. Number of delegates expected to participate (internal and external):
Internal: 25
External: 50
7. Contact person name and mobile number: Dr. Poornima S Bhat
Intercom number: 1023 7867834401
8. List of Resource person with complete details:

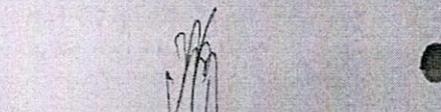
TRUE COPY ATTESTED

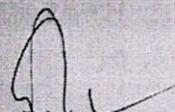
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPEI, PUDUCHERRY-605 107.,

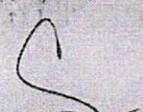
- 9. Total anticipated income details:
- 10. Total anticipated expenditure details:
- 11. Source of funding: Participants/ Management / Sponsorship
- 12. Sponsoring Agencies, if any: _____
- 13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
- 14. Format of invitation / brochure and certificate of participation (please attach):
- 15. Additional information / Remark:
- 16. Funding required from management: Yes / No
 If yes, funding required: Rs. _____ (in words) _____


 12/4/17
 Chairperson
 Conference committee


 Member / Secretary
 Conference committee
Dr. P. GANESH, B.D.S.


 HOD / Organising Secretary
 (Signature with seal)
Dr. MARIAPPAN RAJAGOPAL, M.B.B.S., D.O., M.S.
 Regd. No: 38987
 PROFESSOR & HOD
 Department of Oto-Rhino-Laryngology
 Sri Manakula Vinayagar Medical College & Hospital
 Kalincherthakuppam, Madagappat, Puducherry-605 107.
 Registrar
 SMVMCH


 Director
 SMVMCH


 Dean
 SMVMCH

TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

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

Reference No.: 48 / 2021

Submission date and time: _____

10

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: FHH/SMVMCH/ENT/2021

Date: 10-04-21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M P-11/88
30/4/2021

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day
celebration - Reg.

Official use only

- Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
- Title of the event: World voice day Celebrations.
① Community awareness Program - interactive session, on
"Importance of voice & vocal hygiene"
- Name of the organising department: ENT
- Date and time: ① Community awareness Program → at RHTC,
Thiruvannainallur on 23-04-21
11-12 pm.
② Free voice screening camp, RHTC.
23-04-21, 10-1 pm.
- Venue: ③ Free voice screening camp, ENT OPD,
SMVMCH. 26-28th April.
9am - 4pm.
- Number of delegates expected to participate (internal and external):
Internal: _____
External: _____
- Contact person name and mobile number: Dr. Poornima S. Bhat.
Intercom number: 1023 7867834401.
- List of Resource person with complete details:
Dr. Poornima S. Bhat,
Assistant Professor,
Department of ENT, SMVMCH

Topic "Importance of voice & voice hygiene"

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

9. Total anticipated income details:

NA

10. Total anticipated expenditure details:

NA

~~Honorarium for speaker~~ ~~1500~~

11. Source of funding: Participants/ Management / Sponsorship

NA

12. Sponsoring Agencies, if any: _____

NO

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

NA

14. Format of invitation / brochure and certificate of participation (please attach):

NA

15. Additional information / Remark:

NA

16. Funding required from management: Yes / No

If yes, funding required: Rs 2000/- (in words) Two thousand
only.

Chairperson
myy
Chairperson
Conference committee

Dr. R. Ganesh
Dr. R. GANESH, B.B.C.
Reg. No. 157
Member / Secretary
Conference committee

Dr. Mariappan Rajagopal
HOD / Organising Secretary
(Signature with seal)
Dr. MARIAPPAN RAJAGOPAL, M.B.B.S., D.O., M.S.
Regd. No: 38987 -
PROFESSOR & HOD
Department of Oto-Rhino-Laryngology
Sri Manakula Vinayagar Medical College & Hospital
Kalincheerthalkuppam, Madaganipet, Puducherry-605 107.

[Signature]
Director
SMVMCH

[Signature]
Dean
SMVMCH

Registrar
SMVMCH

TRUE COPY ATTESTED
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALINCHERTHALKUPPAM,
MADAGANIPET, PUDUCHERRY-605107.

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 49 / 2021

Submission date and time: _____

(11)

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: THS / SMVMCH / ENT / 2021

Date: 10.04.21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M-P-11 / B2
Jeeva
16/4/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg. (Webinar)

- | | Official use only |
|--|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: (Webinar) | <input checked="" type="checkbox"/> |
| 2. Title of the event: Webinar on "Management of vocal cord palsy" | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: ENT | <input checked="" type="checkbox"/> |
| 4. Date and time: 25.04.2021, 6-7 pm. | <input checked="" type="checkbox"/> |
| 5. Venue: Online Zoom platform. | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: 15
External: 20 | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: Dr. Poornima S. Bhat
Intercom number: 1023 7567534401 | <input checked="" type="checkbox"/> |
| 8. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Dr. Jayakumar Menon,
DLO, DNB, MS(ENT), FRCS
World's renowned Laryngologist,
Consultant Laryngologist & Neck surgeon.
Dr. Jayakumar's Institute of Laryngology,
Thiruvananthapuram, Kerala.

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

- 9. Total anticipated income details:
- 10. Total anticipated expenditure details:
Honorarium for speaker - 1500/-
- 11. Source of funding: Participants/ Management / Sponsorship
- 12. Sponsoring Agencies, if any:
- 13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
- 14. Format of invitation / brochure and certificate of participation (please attach):
- 15. Additional information / Remark:
- 16. Funding required from management: Yes / No
 If yes, funding required: Rs. 1500/- (in words) ONE THOUSAND FIVE HUNDRED rupees only.

[Signature]
 14/4/17
 Chairperson
 Conference committee

[Signature]
 Member Secretary
Dr. R. GANESH, B.D.S.
 Conference committee
 T.U.C.H.
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Katchanthalakuppam, Madagadipet, Pudukcherry - 605 107.

[Signature]
 HOD / Organising Secretary
 (Signature with seal)
Dr. MARIAPPAN RAJAGOPAL, MBBS, DLO, M.S.
 Regd. No: 38987
 PROFESSOR & HOD
 Department of Oto-Rhino-Laryngology
 Sri Manakula Vinayagar Medical College & Hospital
 Katchanthalakuppam, Madagadipet, Pudukcherry - 605 107.

[Signature]
 Director
 SMVMCH

[Signature]
 Dean
 SMVMCH

TRUE COPY ATTESTED

Registrar
 SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

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

Reference No.: 51 / 2021

12

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 714 / SMVCH / DVL / LTR / 2021

Date: 20.4.21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M-P-D/18
20/4/2021
M. P. D.
22-4-21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: " Approach to Vasculitis "
3. Name of the organising department: DVL
4. Date and time: 29.4.21 / 11.30 am to 12.30 pm
5. Venue: Clinical Department, IInd floor,
Seminar Hall
6. Number of delegates expected to participate (internal and external):
Internal: 12
External: 25
7. List of Resource person with complete details:
Dr. Juma Gopinath,
AIIMS, Mangalagiri

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DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALINBERTRAI KUPPAM,
MADAGADI PET, PUDUCHERRY-605 107.

8. Total anticipated expenditure details:

Municiple = 500/-
Honorarium = Rs. 1500/-

9. Source of funding: Participants Management / Sponsorship

10. Sponsoring Agencies, if any: None

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
NO

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark: NO

14. Funding required from management: Yes / No

If yes, funding required: Rs. 2000/- (in words) Two thousand Only -

P. Ganesh

Member / Secretary
Conference committee
D. E. G. A. S. B. S.
Reg. No. 107

[Signature]
Chairperson
Conference committee

[Signature]
HOD / Organising Secretary
(Signature with seal)

Director / Dean
SMVMCH
24/4/20

Registrar
SMVMCH

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Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

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

Sri
MANAKULA VINAYAGAR



Medical College and Hospital

Outward No: SMVMCH/phy/45/2021

Date: 6/5/21

To

The Director
SMVMCH.

M-P-11
JMS
6/5/21

Sub: Submission of proposal for Conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | | |
|---|---------------------------------------|-------------------------------------|
| 1. Type of event: <input checked="" type="checkbox"/> Conference / <input checked="" type="checkbox"/> CME / <input checked="" type="checkbox"/> Workshop / <input checked="" type="checkbox"/> Guest lecture / <input checked="" type="checkbox"/> Quiz / <input checked="" type="checkbox"/> Day celebration / <input checked="" type="checkbox"/> Others (Webinar) | Official use Reference No.
53/2021 | <input checked="" type="checkbox"/> |
| 2. Title of the event: SWOT analysis | | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: Physiology | | <input checked="" type="checkbox"/> |
| 4. Date and time: 08-05-21, 2-4 P.M. | | <input checked="" type="checkbox"/> |
| 5. Venue: Dept. of Physiology | | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: 30
External: 60 | | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details: | | <input checked="" type="checkbox"/> |

Dr. Shirayogappa. S.Teli
Prof & Head, Dept. of Physiology
SMVMCH,

Dr. Amol Dongre
Head of the Dept, Extension program (SPARSH)
Professor, Community medicine & Medical education
Pramukhswami Medical College
Gujarat.

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SMVMCH VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MADHAVANIPET, PUDUCHERRY-605 107.

8. Total anticipated expenditure details:

3000

To external speaker
Dr. Amol Dongre

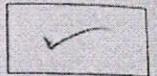
Speaker Honorarium
for workshop is Rs 1500/-

Rs. - 2500/- - Speaker
500/- Memento

Rs - 3000

9. Source of funding: Participants/ Management / Sponsorship

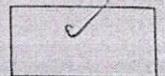
SMVMCH



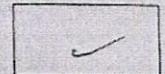
10. Sponsoring Agencies, if any:

11. Accreditation from Tamil Nadu Medical Council /

Any other agency: Yes / No



12. Format of invitation / brochure and certificate of participation (please attach):

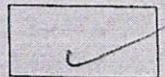


13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 3000 (in words) Three thousand

To sanction Rs 2000/- only



HOD / Organising Secretary
(Signature with seal)

Member / Secretary
Conference committee
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Puducherry - 605 107.

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

DIRECTOR / DEAN
Dr. KAGNE R.N
DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Registrar
SMVMCH

TRUE COPY ATTESTED

76

Reference No.: 55 / 2021

Submission date and time: 26/5/2021

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 1044

Date: 26.5.21

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M-P-11/As
JWS
20/5/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration -- Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others: SCREENING CAMP
2. Title of the event: 'MUCORMYOSIS SCREENING CAMP FOR POST COVID PATIENTS'
3. Name of the organising department: DEPARTMENT OF DENTISTRY
4. Date and time: 31.5.2021 - 2.6.2021 (3 days)
5. Venue: SRI MANAKULA VINAYAGAR MEDICAL COLLEGE and Hospital
6. Number of delegates expected to participate (internal and external):
Internal: _____
External: _____
7. Contact person name and mobile number: Dr. V. Kiruthika 9688082020
8. Intercom number: 1262
8. List of Resource person with complete details: _____

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALITHENTHARAPATTAN,
MADAGADIPEI, PUDUCHERRY-605 107.

9. Total anticipated income details:

10. Total anticipated expenditure details:

- 1) BANNER (2) - Rs. 1000
- 2) Print out (Form) - Rs. 500
- 3) Refreshments - Rs. 500

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark: _____

16. Funding required from management: Yes / No

If yes, funding required: Rs. 2000 / - (in words) Two Thousand
Rupees only

[Signature]
Chairperson
26/1/17
Conference committee

[Signature]
Member / Secretary
Conference committee
Dr. P. Sanjay
Reg. No. 5957
TUTOR

[Signature]
HOD / Organising Secretary
(Signature with seal)
Dr. P. SANJAY, M.D.S., DNB, MOMSRCPS (Glasg
Reg. No. 5264
PROFESSOR & HEAD
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospi
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 1

Director
SMVMCH

[Signature]
for
SMVMCH
DEAN COPY ATTESTED

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IOAC after Director/ Dean approval.

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

Reference No.: 56/2021

88
M/P
20/6/21
12/6/21

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 152/21

Date:

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: Thrombolastogram - A tool to patient blood management
3. Name of the organising department: Department of Pathology
4. Date and time: 18/06/2021 at 2.00 PM to 3.30 PM
5. Venue: Online
6. Number of delegates expected to participate (internal and external):
Internal: 50
External: 30
7. List of Resource person with complete details: Attached [Dr. B. Abhishek, Associate Professor, JIPMER]

TRUE COPY ATTESTED

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

copy received
on 18/06/21
Time: 5:30p

8. Total anticipated expenditure details: Rs. 3000/-
 Honorarium for resource person - Rs. 2500/-
 Memento - Rs. 500/-

Honorarium - Rs. 1500/- } = Rs. 2000/-
 Memento - Rs. 500/- }

9. Source of funding: Participants/ Management / Sponsorship
 10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):
 Attached

13. Additional information / Remark:

14. Funding required from management: Yes / No
 If yes, funding required: Rs. 3000/- (in words) Three
thousand rupees only

Rs. 2000/- can be sanctioned.

R. Ganes
 15/6/21.
 Member / Secretary
 Conference committee

[Signature]
 16/6/21
 Chairperson
 Conference committee

K. R. Arnel
 14/6/2021
 PROFESSOR & HEAD
 DEPARTMENT OF PATHOLOGY
 DEPARTMENT OF ANATOMY & H
 SMVMCH
 (Signature with seal)

Director / Dean
 SMVMCH
 Dr. KAGNE. R.N
 DEAN

TRUE COPY ATTESTED
 Registrar
 SMVMCH
 DEAN
 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHALKUPPAM,
 MADAGADIPET, TAMIL NADU - 605 107.

Note: A copy of the proposal should be sent to IQAC after Director / Dean approval.

Reference No.: 69/2021

Submission date and time: 3.8.2021

Sri **MANAKULA**  **VINAYAGAR**

Medical college and Hospital

Outward No.:

Date: 3.9.21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

MIPU
SMB
6/10/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

- | | | |
|---|--|-------------------------------------|
| 1. Type of event: | Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others: | Official use only |
| 2. Title of the event: | CRRT: Hands on Experience | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: | Depts of Nephrology and General Medicine | <input checked="" type="checkbox"/> |
| 4. Date and time: | 8.9.2021 10 am - 4.00 pm (Wednesday) | <input checked="" type="checkbox"/> |
| 5. Venue: | Conference hall 4th Floor Hospital Block | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external): | Internal: <u>50 approximately</u>
External: _____ | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: | Dr. Ravi Kumar 9952082061
Intercom number: <u>1261</u> Dr. S. Girija 9894976919 | |
| 8. List of Resource person with complete details: | clinical
Mr. Aadhav, lead, Therapy - AC
Renal Acute Division
BAXTER | <input checked="" type="checkbox"/> |

GUEST SPEAKER

Dr. Ravi Kumar
Consultant Nephrologist
SMVMCH

9. Total anticipated income details:

10. Total anticipated expenditure details:

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. _____ (in words) _____
As per conference committee policy.

*Recommended Rs. 3500/-
Approved by
Chairperson
Conference committee*

R. Ganesh
Dr. R. GANESH, B.O.S.,
Member / Secretary
Conference committee
Sri Manakula Vinayaga Medical College and Hospital
Kalithesthalkuppam, Madagadipet, Puducherry - 605 107.

Rh
HOD / Organising Secretary
MCI Reg. No. 22573, TNMC Reg. No. 119131
Senior Consultant Nephrologist
HOD, Nephrology Department
Sri Manakula Vinayagar Medical College & Hospital
Puducherry.

~~Director
SMVMCH~~

TRUE COPY ATTESTED
S
Dean
SMVMCH
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHESTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

11

Outward No: SMVMCH/PHARMA/Week Celebration / 704 / 2021

Date: 08.09.2021

To
The Director

SMVMCH.

M-P D
3/11/21
14/11/21

Sub: Submission of proposal for Week celebration – Reg

Official use Reference No. 70/2021

- | | | |
|---|---|-------------------------------------|
| 1. Type of event | : Week celebration | <input type="checkbox"/> |
| 2. Title of the event | : National Pharmacovigilance week | <input checked="" type="checkbox"/> |
| | (Under Pharmacovigilance program of India, IPC) | <input checked="" type="checkbox"/> |
| 3. Name of the organising department | : Pharmacology | |
| 4. Date and time | : 17.09.2021 to 23.09.2021 | <input checked="" type="checkbox"/> |
| 5. Venue | : 17.09.2021 – RHC, Thirubuvanai | <input checked="" type="checkbox"/> |
| | : 20.09.2021 – Lecture Hall | |
| | : 21.09.2021 – Hospital | |
| | : 22.09.2021 – Reading Hall (2 nd Floor) | |
| 6. Number of delegates expected to participate (internal) | : 20.09.2021 - 195 | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number | : Dr.S. Kiruthika ,7904310614 | <input checked="" type="checkbox"/> |
| Intercom number | : 2091 | |
| 8. List of Resource person with complete details | : Faculty of Pharmacology, Department | <input checked="" type="checkbox"/> |

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

9. Total anticipated expenditure details:

PARTICULARS	ANTICIPATED EXPENDITURE
1. Pamphlets	500x2 = 1000
2. Banner	800+400 = 1200
3. Certificate	= 400
4. Refreshment	85x20 = 1700
5. ADR Copies	100x1 = 100
6. Trophies	6x250 = 1500
Total	5,900

10. Source of funding : Management
11. Sponsoring Agencies, if any : Nil
12. Accreditation from
Tamil Nadu Medical Council/ Any other agency : Nil
13. Format of invitation /brochure and certificate
of participation (please attach) : Attached
14. Additional information /Remark : Nil
15. Funding required from management : Yes

If yes, funding required: Rs 5900 (in words) Five Thousand Nine Hundred only

M. Shree
08-09-21
HOD / Organising Secretary
Signature with seal
Professor & Head
Pharmacology Department
SMVMCH, Kalitheerthalkuppam
Puducherry.

[Signature]
DIRECTOR / DEAN

A. Ganesh
Member / Secretary
Conference committee
DEPARTMENT OF PHARMACY
St. Manasa Vihar, Medical College and Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

Recommended & funded
Chinnappa
Chairperson
Conference committee
TRUE COPY ATTESTED
DEAN
SRM MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Registrar
SMVMCH

Reference No.: 73 / 2021

(P)

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.:

Date: 23/09

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/PJ
JUNE
2021

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration – Reg.

Official use only

- Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
- Title of the event: Stroke Prevention Day
- Name of the organising department: Psychiatry
- Date and time: 28.09.2021 9:30-12:30pm
- Venue: Basement Auditorium
- Number of delegates expected to participate (internal and external):
Internal: 120
External: _____
- List of Resource person with complete details:

Dr. John Dinesh
Prof. A. Heed
— VNC
— pmichiey

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

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

8. Total anticipated expenditure details: - 500
- Bannel - 500
- Honarium - 2500
- Transport - 500
- Memento - 500
- / Dry
9. Source of funding: Participants/ Management / Sponsorship -
10. Sponsoring Agencies, if any: _____ -
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No -
12. Format of invitation / brochure and certificate of participation (please attach): -
13. Additional information / Remark: -
14. Funding required from management: Yes / No -
- If yes, funding required: Rs. 6000 (in words) -
- Six Thousand only.

Guest lecture - Rs 1500/- } may be sanctioned

~~Registration fee~~

P. Ganesh

Member / Secretary
 Conference committee
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

Recommended
 Rs. 4500/- to be sanctioned
 Chairperson
 Conference committee

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

Dea

HODI Organising Secretary
 (Signature with seal)
 DEPARTMENT OF PSYCHIATRY
 Sri Manakula Vinayagar Medical College & Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry-605 107

Director / Dean
 SMVMCH

28/5/17

Dr. KAGNE. R.N
 DEAN
 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHALKUPPAM,
 PUDUCHERRY-605 107

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

X6

Reference No.: 75 / 2021

Sri MANAKULA VINAYAGAR



556 Medical college and Hospital

Outward No.: 556 / 85 / 2021

Date: 1 / 10 / 2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

MPII/AB
JMK
5/2/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

R
5/10/21

Official use only

- 1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
- 2. Title of the event: WORLD MENTAL HEALTH WEEK
- 3. Name of the organising department: PSYCHIATRY
- 4. Date and time: 11 / 10 / 21.
- 5. Venue: BASEMENT AUDITORIUM.
- 6. Number of delegates expected to participate (internal and external):
- Internal: _____
- External: DR. S. AVUDALAPPAN, ASSOCIATE PROF,
DEPT OF PSYCHIATRY, MAMC + RE.

List of Resource person with complete details:

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALYANESWARAN KURRAM,
MADAGADIPET, PUDUCHERRY-605 107

8. Total anticipated expenditure details:

HONORARIUM	:	2500
BANNER	:	500
MEMENTO	:	500
TRANSPORT	:	500
		<hr/>
		4000/-

9. Source of funding: Participants/ Management / Sponsorship
10. Sponsoring Agencies, if any: _____
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
12. Format of invitation / brochure and certificate of participation (please attach):
13. Additional information / Remark:
14. Funding required from management: Yes / No
 If yes, funding required: Rs. 4000/- (in words) FOUR
THOUSAND RUPEES ONLY.

R. Ganesh
 Member/ Secretary
 D.T.R. O. A. S. S. S. S.
 Conference committee
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagabipet, Puducherry - 605 107.

Recommended & forwarded
[Signature]
 Chairperson
 Conference committee

Registrar
 SMVMCH

[Signature]
 HOD / Organising Secretary
 (Signature with seal)
 PROFESSOR & HEAD
 DEPARTMENT OF PSYCHIATRY
 Sri Manakula Vinayagar Medical College & Hospital
 Kalitheerthalkuppam, Madagabipet, Puducherry-605 107.
 Director / Dean
 SMVMCH
 Dr. KAGNE. R.N
 DEAN
 SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHALKUPPAM,
 PUDUCHERRY-605107.

TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

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

Reference No.: 76 / 2021

44

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 555 / PSY / 2021

Date: 1 / 10 / 2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M.P.I./AS
JUN
5/10/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg. *05/10/21*

Official use only

1. Type of event:

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /

Others: ELOCUTION, ESSAY WRITING, QUIZ, POSTER

COMPETITION

2. Title of the event: WORLD MENTAL HEALTH WEEK
OCT 5 - OCT 10.

3. Name of the organising department: PSYCHIATRY

4. Date and time: OCT 5 - OCT 10

5. Venue: RECEPTION STALL

6. Number of delegates expected to participate (internal and external):

Internal: _____

External: _____

7. List of Resource person with complete details:

TRUE COPY ATTESTED

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

8. Total anticipated expenditure details:

DAY CELEBRATION: 2000/- x 2 Days
4000/-

-- Quiz competitions
-- Essay writing
-- Poster competition
-- e-Library

9. Source of funding: Participants/ Management / Sponsorship ✓

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No ✓

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No ✓

If yes, funding required: Rs. 4000/- (in words) _____

FOUR THOUSAND RUPEES ONLY /- .

VINAYAGAR

R. Ganesh

Dr. R. GANESH, B.D.S.,
Member / Secretary

Conference committee

Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

Recommended & forwarded
[Signature]
Chairperson

Conference committee

Registrar
SMVMCH

[Signature]

HOD / Organising Secretary
Regd. No: 77997
(Signature with seal)

DEPARTMENT OF PSYCHIATRY
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry-605 107.

Director / Dean

SMVMCH

Dr. KAGNE. R.N

DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

TESTED & APPROVED

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

Reference No.: 78 / 2021

Submission date and time: _____

Sri
MANAKULA VINAYAGAR



37

Medical college and Hospital

Outward No.:

Date: 06/10/21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M A - II
JMB
SJS/m

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

- | | Official use only |
|---|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: WORLD LUNG DAY - 2021 | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: Department of
Respiratory Medicine | <input checked="" type="checkbox"/> |
| 4. Date and time: 13/10/21 @ 10:00 AM - 12:00 PM | <input checked="" type="checkbox"/> |
| 5. Venue: Barrowman Auditorium | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: _____
External: ① | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: Dr. Praveen
Intercom number: 1095 9894562217 | <input checked="" type="checkbox"/> |
| 8. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Dr. Rajesh Mathivanan

Consultant Cardiologist,

Aarupadai Veedu Medical College
& Hospital

TRUE COPY ATTESTED

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

Pudicherry

9. Total anticipated income details:

Rs 3000/- may be sanctioned.

10. Total anticipated expenditure details: *Rs 5,000*

- * Banner - 1000/- (*Rs 500*)
- * Guest Speaker - 2,500/- (*Rs 2500*)
- * Snacks - 1500/-

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any:

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes/No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes/No

If yes, funding required: Rs. *5,000* (in words) Five thousand rupees only

Rs. 3000/- may be sanctioned
Chairperson
Conference committee

7/10/22

[Signature]
Director
SMVMCH

[Signature]
Member / Secretary

Dr. Conference committee

Reg. No. 5357
TUTOR
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalthoerthalkuppam, Madagadipet, Puducherry - 605 107.

[Signature]
Dean
SMVMCH

TRUE COPY ATTESTED

[Signature]
HOD / Organising Secretary

Dr. S. SIVARAJAN, M.D., DNB.,
(Signature with seal)
Reg. No. 84441

PROFESSOR & HEAD
Department of Respiratory Medicine
Sri Manakula Vinayagar Medical College & Hospital
Kalthoerthalkuppam, Madagadipet, Puducherry-605107

[Signature]
Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

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

Reference No.: ^{79 / 2021} ~~DMB / 961~~

193

Sri
MANAKULA  **VINAYAGAR**

Medical college and Hospital

Outward No.: DMB / 961

Date: 6 / 10 / 21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

MPU
JMB
8/10/21

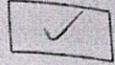
Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | Official use only |
|---|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Title of the event:- MICROBES AND RENAL STONES
: Myths to facts. <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Name of the organising department:
Department of Microbiology <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Date and time: 11 / 10 / 21 (3.00 - 4.00). <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Venue: Lecture HALL - II <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: 150 - 200 <input checked="" type="checkbox"/>
External: _____ | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details:
1) * Dr. Jagannathan. V. (PhD)
* Project Assistant. - TBI
* Vellore institute of Technology, Vellore, T.N. <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

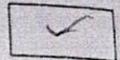
TRIPHYNO TESTED NO. 7708231198

8. Total anticipated expenditure details:

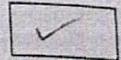
Towards TA & DA - 5000/-



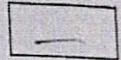
9. Source of funding: Participants/ Management / Sponsorship



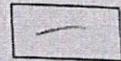
10. Sponsoring Agencies, if any: Nil



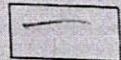
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No



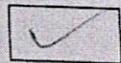
12. Format of invitation / brochure and certificate of participation (please attach):



13. Additional information / Remark: - Nil



14. Funding required from management: Yes / No



If yes, funding required: Rs. 5000/- (in words) five thousands only

R. Ganesh
Dr. R. GANESH, B.D.S.,
Reg. No. 5957

Member / Secretary
DEPARTMENT OF DENTISTRY

Conference committee
Sri Manakula Vinayagar Medical Hospital
Kalthaerthakuppam, Madagadiol, Puducherry - 605 107.

Recommended & forwarded by
[Signature]
Chairperson
Conference committee
8/10/21

[Signature]
HOD / Organising Secretary
(Signature with seal)

[Signature]
Director / Dean
SMVMCH

TRUE COPY ATTESTED

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval

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

Reference No.: 81 / 2021

Submission date and time: _____

28

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: T33/SMVMCH/OBG/2021

Date: 8/10/2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/PL/AB
JMB
9/10/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

- | | Official use only |
|--|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: BREAST CANCER AWARENESS MONTH | <input type="checkbox"/> |
| 2. Title of the event: "OCTOBER - BREAST CANCER AWARENESS MONTH" | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: DEPARTMENT OF OBSTETRICS AND
GYNAECOLOGY & DEPT. OF SURGERY. | <input checked="" type="checkbox"/> |
| 4. Date and time: <u>11/10/2021 TO 17/10/2021, DAILY, 8:30AM - 3:30PM</u> | <input checked="" type="checkbox"/> |
| 5. Venue: <u>OBG OPD.</u> | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>ALL OBG FACULTIES</u>
External: _____ | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: <u>DR. SUBHASHREE, 9487966586</u>
Intercom number: <u>1059 (OBG OPD)</u> | <input checked="" type="checkbox"/> |
| 8. List of Resource person with complete details:
<u>DR. GAYATHRI MOHAN,</u>
<u>ASSISTANT PROFESSOR,</u>
<u>OBG</u>

<u>AND</u>

<u>DR. HEMILDA, PERIYANAYAKI,</u>
<u>ASSISTANT PROFESSOR,</u>
<u>DEPT. OF GENERAL SURGERY.</u> | <input checked="" type="checkbox"/> |

9. Total anticipated income details:

10. Total anticipated expenditure details:

Banner - Rs 1000/- }
Phanplet - Rs 1000/- } Rs 2000/-

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 2000/- (in words) Two Thousand only

Recommended
M. Jayasree
Chairperson
Conference committee
10/24

R. Ganesh
Member / Secretary, S.D.S.
Conference committee
Reg. No. 5257
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kallitheerthalkuppam, Madagadipet, Puducherry - 605 107.

M. Jayasree
HOD / Organising Secretary
(Signature with seal)

M. JAYASREE, D.N.B. MRDGG
Reg. No. 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kallitheerthalkuppam, Madagadipet Puducherry 605 107.

[Signature]
Director
SMVMCH

[Signature]
Dean
SMVMCH

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

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

Reference No.: 82/2021



Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: SMVMCH/RAD/NO.1724/2021

Date: 11/10/2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/P-VI
JMS
10/10/2021

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration – Reg.

- | | |
|---|-------------------------------------|
| | Official use only |
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: <u>INTER COLLEGE QUIZ FOR
RADIO DIAGNOSIS POST GRADUATES</u> | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: <u>RADIO DIAGNOSIS</u> | <input checked="" type="checkbox"/> |
| 4. Date and time: <u>06.11.2021 (SATURDAY)</u>
<u>9.00 am – 12.30 pm</u> | <input checked="" type="checkbox"/> |
| 5. Venue: <u>Basement Auditorium, Hospital Block,
SMVMCH</u> | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>35</u>
External: <u>15</u> | <input checked="" type="checkbox"/> |

7. List of Resource person with complete details:
Dr. A.M. Anand, Assistant Professor, SMVMCH.
Dr. P. Elampandi, Assistant Professor, SMVMCH.
Dr. Mohammed Rafiq K, Assistant Professor, SMVMCH.

TRUE COPY ATTESTED
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADHAVAPET, PUDUCHERRY-605 107.

Rs. 9800/-

8. Total anticipated expenditure details:

	Participants	Rs.	Rs.
Certificates	15	15	225
Refreshments	45	35	1575
Prize I	3	1500	4500
Prize II	3	1000	3000
		500	500

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: NIL

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark: Prizes for the winners will be distributed on the Roentgen Day celebration (08-11-2021)

14. Funding required from management: Yes / No

If yes, funding required: Rs. 9800/- (in words) Rupees Nine thousand eight hundred only

To sanction Rs 8500/-
As per C.A.C. norms

P. Ganesh
Dr. R. GANTSH, B.D.S.,
Member / Secretary
DEPARTMENT OF
Sri Manakula Vinayagar Medical
Hospital
Madhavakuppam, Madhavakuppam, Madhavakuppam, Madhavakuppam
- 605 107.

Recommended Rs. 8500/-
[Signature]
Chairperson
Conference committee

Dr. A. UMAMESHWARI DNB, MNAMS
Reg. No. 174995 (TN)
Professor and Head
HOD, Organising Secretary
Sri Manakula Vinayagar Medical
College and Hospital
Kalitheyarthakuppam, Madhavakuppam,
Puducherry-605 107
Director / Dean
SMVMCH
15/12/21

Registrar TRUE COPY ATTESTED
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

81

Reference No.: 84 / 2021

Submission date and time: _____

Sri **MANAKULA**  **VINAYAGAR**

Medical college and Hospital

Outward No.:

Date: 20/10/2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M-P/L
JAMES
20/10

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:

2. Title of the event: "BOSS" 8th BASIC ORAL SURGICAL SKILLS WORKSHOP.

3. Name of the organising department: DENTISTRY

4. Date and time: 27/10/2021. 8.30 am to 4.00pm

5. Venue: Department of Dentistry / Skills Lab.

6. Number of delegates expected to participate (internal and external):

Internal: _____

External: 10

7. Contact person name and mobile number: DR. KIRUTHIKA SHRIKANTHAN

Intercom number: 1262 / 9688082020

8. List of Resource person with complete details:

Dr. P. SANJAY, PROF & Head.

Dr. S. R. KARTHIK RAGUPATHY, Professor.

Dr. R. GEETHA, Asst. Professor.

R. GANESH, TUTOR

UNTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KUPPAM, PUDUCHERRY-605 007.

9. Total anticipated income details: Rs 1000 x 10 participants = Rs 10,000
Registration fee.

10. Total anticipated expenditure details:

Banner	- Rs 500
Lunch	- Rs 7000
Snacks	- Rs 750
Materials	- Rs 4500
Delegate kit	- Rs 500
Certificate & printouts	- Rs 500
<u>Rs 13750</u>	

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 3750 (in words) Rupees Three thousand seven hundred and fifty only.

Recommended & forwarded
Chairperson
Conference committee
Rs. 3750/-
21/10/24

P. Ganesh
Member Secretary
Conference committee
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthakuppam, Madagadipet, Puducherry - 605 107.

[Signature]
- HOD / Organising Secretary
(Signature with seal)
Dr. P. SANJAY, M.D.S., DNB, MOMSRCPS (Glasgow),
Reg. No. 5264
PROFESSOR & HEAD
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthakuppam, Madagadipet, Puducherry - 605 107.

Director
SMVMCH

Dean
SMVMCH

Registrar
SMVMCH

TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Reference No.: 85/2021

5

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: SMVMCH/RAD/No. 1731/2021

Date: 16.10.2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

MPD/A12
JMK
23/10/21
02h/m.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

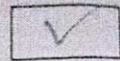
- | | |
|--|-------------------------------------|
| | Official use only |
| 1. Type of event: <input checked="" type="checkbox"/> Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Title of the event: Roentgen Day Celebration - 2021 | <input type="checkbox"/> |
| 3. Name of the organising department: Radio diagnosis | <input checked="" type="checkbox"/> |
| 4. Date and time: 08.11.2021 10.00 am - 11.00 am. | <input type="checkbox"/> |
| 5. Venue: Mini Exhibition Stall (Ground floor) | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external): -
Internal: _____
External: _____ | <input type="checkbox"/> |
| 7. List of Resource person with complete details: - | <input checked="" type="checkbox"/> |

Programme:-
1) Floral tribute to Sir. Wilhelm Conrad Roentgen with distribution of chocolates
2) Prize distribution to winners of PG Quiz
3) Prize distribution to Quiz box winners

TEMP COPY ATTESTED

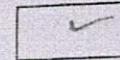
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
MADRASAPALLE, PUDUCHERRY-605 007.

8. Total anticipated expenditure details:



Banner RS: 500
Flowers & Chocolate RS: 1000
Prize for ^{winners} trip box : RS. 500
total RS. 2000/-

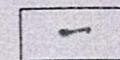
9. Source of funding: Participants/ Management / Sponsorship



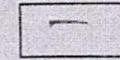
10. Sponsoring Agencies, if any: NIL



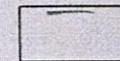
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No



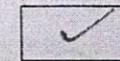
12. Format of invitation / brochure and certificate of participation (please attach):



13. Additional information / Remark: NIL



14. Funding required from management: Yes / No



If yes, funding required: Rs. 2000 (in words) Two thousand only

Dr. Ganesh
DR. R. GANESH, B.D.S.,
Reg. No. 5957
Member / Secretary
CONFERENCE COMMITTEE

DEPARTMENT OF DENTISTRY
Sri Manjunath and Hospital
Vellitheerthakuppam, Madagadipet, Puducherry - 605 107.

M. Praveen
18/10/17
Chairperson
Conference committee

Dr. A.UM. MAGESWARI
Dr. A.UM. MAGESWARI DNB., MNAMS.,
Reg. No: 74995(IN)
Principal and Head
Dept. Radio-Diagnosis
HOD / Organising Secretary
(Signature with seal)
Sri Hospital
Kallitheerthakuppam, Madagadipet,
Puducherry-605 107.

Director / Dean
SMVMCH

Registrar
SMVMCH

TRUE COPY ATTESTED

SMVMCH
SRI MANJUNATH AND HOSPITAL
VELLITHEERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

to organize
skills near
09/11.

177

Reference No.: 88 / 2021

Sri **MANAKULA**  **VINAYAGAR**

Medical college and Hospital

Outward No.: 820

Date: 22.10.21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M 273 152
25/10/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: WORLD PSORIASIS DAY
3. Name of the organising department: DVL
4. Date and time: 29th October, 2021 - Time - 9.30 am onwards
5. Venue: Hospital Premises Mini exhibition Stall.
6. Number of delegates expected to participate (internal and external):
Internal: 40
External: -
7. List of Resource person with complete details:

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

8. Total anticipated expenditure details:

Banner - 7 nos - Rs 2000/-

141

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: -

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach): -

13. Additional information / Remark: -

14. Funding required from management: Yes / No

If yes, funding required: Rs 2,000 (in words) Two thousand only

Vertical column of checkboxes on the right side of the form, with the bottom-most one checked.

Signature of R. Ganesh
Member/Secretary o.s.
Conf. No. 5037
Conference committee
DEPARTMENT OF DENTISTRY
SMVMCH
Sri Manakula Vinayagar Medical College and Hospital
Kallincherthalkuppam, Madhavancherry - 605 107.

Chairperson
Conference committee

Signature of Dr. K. Karan
Dr. K. KARAN, M.D.
HOD / Organising Secretary
Department of (Signature with seal)
Sri Manakula Vinayagar Medical College and Hospital
Kallincherthalkuppam, Madhavancherry - 605 107.

Signature of Director/Dean
Director / Dean
SMVMCH

TRUE COPY ATTESTED
Registrar
SMVMCH
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALLINCERTHALKUPPAM,
MADHAVANCHERRY - 605 107.

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

Reference No.: 89 / 2021

9

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: BBI25 / BLOOD BANK / SUMMER / 2021.

Date: 26/10/2021

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M.P.D. / A12
JMG
25/10/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event: S
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: STRATEGIES FOR SAFE BLOOD TRANSFUSION
3. Name of the organising department: Department of Pathology
4. Date and time: 27. 10. 2021 11. 30am.
5. Venue: Online
6. Number of delegates expected to participate (internal and external):
Internal: 30
External: 10
7. List of Resource person with complete details:
Dr. KINGSLEY . Associate profesor .
Dept. of Transfusion Medicine . P. I. M. S
Pondicherry.

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

- 8. Total anticipated expenditure details: - RS. 3000/-
Honarium. for Resource person 2500/-
Moments - Rs 500
- 9. Source of funding: Participants/ Management / Sponsorship
- 10. Sponsoring Agencies, if any: _____
- 11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
- 12. Format of invitation / brochure and certificate of participation (please attach):
- 13. Additional information / Remark: _____
- 14. Funding required from management: Yes / No
 If yes, funding required: Rs. 3000 (in words) Three thousand Rs
only

R. Ganesh
 Member / Secretary
DR. R. GANESH, B.D.S.,
 Conference committee
 TUTOR
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kallitheerthalkuppam, Puducherry - 605 107.

Kalaseivan
 25/10/2017
 Chairperson
 Conference committee
DR. KALAISELVAN, G
 Regd. No: 71617
 PROFESSOR & HEAD
 Department of Community Medicine
 Sri Manakula Vinayagar Medical College & Hospital
 Kallitheerthalkuppam, Puducherry - 605 107.
 SMVMCH

Kale Arnel
 25/10/2017
 HOD / Organising
 (Signature with seal)
**PROFESSOR &
 DEPARTMENT OF PA
 SMVMCH
 PUDUCHERRY**

Director / Dean
SMVMCH

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Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 95 / 2021

Submission date and time: _____

(31)

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 767 / SMVMCH / OBA / 2021

Date: 16/11/21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

19/11/21/21
SMVMCH
24/11/21
25/11/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

1. Type of event: Official use only
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
2. Title of the event: PRACTICAL APPROACH TO OPTIMIZE INFERTILITY MANAGEMENT IN RESOURCE CONSTRAINED SETTINGS
3. Name of the organising department: OBA
4. Date and time: 27/11/2021 6.00 Pm. - 9.00 Pm.
5. Venue: SHENBAGA HOTEL & CONVENTION CENTRE, PONDICHERRY
6. Number of delegates expected to participate (internal and external):
Internal: 20
External: 40
7. Contact person name and mobile number: Dr. Subhasri . S
Intercom number: 1059
8. List of Resource person with complete details:
1. Dr. Aruna Ashok, Ah Fertility Centre, Chennai.
2. Dr. Chitra, Addl. Professor, JIPMER.
3. Dr. Jisha Rajendiran, Consultant, Eastcoast Hospital, Chennai.
4. Dr. Shabnam Khan, Consultant, Eastcoast Hospital, Chennai.
5. Dr. Jayasree . M, Professor & Head, SMVMCH.
6. Dr. Rekha . R, Assistant Professor, SMVMCH.
7. Dr. Arunkumar, Mch Urology, Consultant, Chennai

TRUE COPY ATTESTED

Total anticipated income details:

10. Total anticipated expenditure details:

Refreshment - Rs. 500
Banner - Rs. 1500
Honorary - Rs. 5000
Memento - Rs. 3500

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: Meat

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Applied Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 10,500 (in words) Ten Thousand Five Hundred only

Recommended
S. Manakumaran
Chairperson
Conference committee

P. Ganesan
Member / Secretary
Conference committee

[Signature]
HOD / Organising Secretary
(Signature with seal)
Dr. M. JAYASREE, D.N.B., MRCOG
Reg. No: 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kalthieerthalkuppam, Madagadipet, Puducherry-605 107.

Director
SMVMCH

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
KALTHIEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

TRUE COPY ATTESTED

[Signature]
Dean
SMVMCH
Dr. KAGNE R.N.
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALTHIEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Registrar
SMVMCH

Note: A copy of the proposal should be sent to QA/Intra Director/ Dean approval.

Reference No.: 104 / 2021

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: SMVMCH/Ref: 980 DMB/3/12/21.

Date: 3/12/21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

*m/s (m/s) / 12
JMK
6/11/2021*

09/12/21

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

Type of event:

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:

2. Title of the event: - BACTERIOPHAGES IN MDRO INFECTIONS

3. Name of the organising department: - DEPARTMENT OF MICROBIOLOGY.

4. Date and time: - 7/12/21 (2.00 to 3.00pm)

5. Venue: - Lecture Hall - II .

6. Number of delegates expected to participate (internal and external):

Internal: 150 - 170

External: _____

7. List of Resource person with complete details: -

1) Dr. Ramesh N.
Asst. Professor,
Department of Biomedical Sciences

TRUE COPY ATTESTED

VIT - Vellore.

T.N.

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

8. Total anticipated expenditure details: - 2500/- for Honorarium.

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: NA

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark: - Nil

14. Funding required from management: Yes / No
If yes, funding required: Rs. 2500/- (in words) Two thousands five hundreds only.

R. Ganesh

Member / Secretary
Conference committee

DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Madhavaram, Madhavarampet, Puducherry - 605 007.

[Signature]
4/12/21
Chairperson
Conference committee

[Signature] 3/12/21
HOD / Organising Secretary
(Signature with seal)

[Signature]
Director / Dean
SMVMCH
8/12/21

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DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MADHAVARAM, MADHAVARAMPET,
PUDUCHERRY-605 107.
Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

28

Reference No.: 10A/2021

Submission date and time: _____

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.:

Date: 1/12/21

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M
MCA/BA
SMB
Lamin

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

1. Type of event: Official use only

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: Patient Interactive meeting

2. Title of the event: PATIENT INTERACTIVE MEETING

3. Name of the organising department: NEPHROLOGY

4. Date and time: Monday 13th December 2021

5. Venue:

6. Number of delegates expected to participate (internal and external):

Internal: _____ \$ 85 patients
External: _____ + staff

7. Contact person name and mobile number: Dr. Ravikumar 9952082061
Intercom number: 1261

8. List of Resource person with complete details:

Dr. Jnyagaragan Manjaveer
CEO
TRUE COPY TESTED, CHENNAI

9. Total anticipated income details:

10. Total anticipated expenditure details: Snacks + Tea
Rs. 3000/-

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: ~~Yes~~ / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / ~~No~~

If yes, funding required: Rs. 3,000 (in words) Three thousand only

Recommended & forwarded
[Signature]
Chairperson
Conference committee

[Signature]
Member / Secretary
Conference committee

[Signature]
HOD / Organising Secretary
(Signature with seal)

[Signature]
Director
SMVMCH

[Signature]
Dean
SMVMCH

[Signature]
Dr. P. RAVIKUMAR
MCI Reg. No. 22 572, TNMC Reg. No. 119131
Senior Consultant Nephrologist
HOD, Nephrology Department
Sri Manikula Vinayagar Medical College & Hospital
Regist. No. _____
SMVMCH

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Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

Reference No.: 115 / 2022

Submission date and time: 02/02/22

(2)

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 877 / SMVHCH / ITR / OVL / Feb- 22

Date: 01.02.2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Handwritten notes:
M/M P-111 / An
JMK
2/2/22

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Handwritten note:
2/2/22

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
2. Title of the event: PG CLINICS 2022
3. Name of the organizing department: Dermatology, Venereology & Leprosy
4. Date and time: 10th & 11th February
5. Venue: IV Floor Conference Hall
6. Number of delegates expected to participate (internal and external):
Internal: 12
External: 30
7. Contact person name and mobile number: _____
Intercom number: 1266
8. List of Resource person with complete details: _____

Handwritten note:
JMK
10/3/22

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

9. Total anticipated income details:

10. Total anticipated expenditure details:

Certificate - 70 nos - Rs. 1500
Banner - 3 nos - Rs. 1500

Rs. 3000 ✓

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: KAIZEN LABS

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 3000 (in words) Three thousand only

Reviewed & forwarded
Chairperson
Conference committee *2/4/22*

R. Ganesh
Member / Secretary
Conference committee

[Signature]
HOD / Organising Secy
(Signature with seal)

[Signature]
Director
SMVMCH

[Signature]
Dean
SMVMCH
TRUE COPY ATTESTED
SRI MANJUNATHANAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHURTHI, KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 118/2022

Sri
MANAKULA  **VINAYAGAR**

Medical college and Hospital

208
M/P 22/1812
ZMK
16/2/2022

Outward No.: SMVMCH: Ref: NO. DMB/1009.

Date: 14/02/2022

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | Official use only |
|--|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest <input checked="" type="checkbox"/> lecture / Quiz / Day celebration /
Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: <u>HIV TESTING & COUNSELLING</u> | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: <u>MICROBIOLOGY</u> | <input checked="" type="checkbox"/> |
| 4. Date and time: <u>18.02.2022 ; 2.00 to 4.00 p.m.</u> | <input checked="" type="checkbox"/> |
| 5. Venue: <u>Lecture Hall - 2</u> | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>100</u>
External: _____ | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Speaker 1 : Dr. Rakesh Singh, M.D. (Micro).
Additional professor & In-charge State Reference lab,
Department of Microbiology, JIPMER, Pondicherry
Mr. ARUL PRAKASH, M.Sc. (Microbiology)
Speaker 2 : HIV COUNSELLOR

8. Total anticipated expenditure details: 5,000/-
Honourarium: 4000 (2500 + 1500)
Moments/TA: 1000 (500 each)

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes / No
If yes, funding required: Rs. 5,000 (in words) FIVE =
THOUSAND RUPEES ONLY

Dr. R. Ganesh
Dr. R. GANESH, B.D.S.
Member / Secretary
Conference committee
Sri Manakula Vinayagar Medical College & Hospital
KALITHEERTHALKUPPAM, PUDUCHERRY - 605 107

Chairperson
Chairperson
14/7/21
Conference committee

[Signature]
PROFESSOR & HEAD
DEPARTMENT OF MICROBIOLOGY
SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
PUDUCHERRY - 605 107.

[Signature]
Director / Dean
SMVMCH
Dr. K. G. R. N.
DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107

Registrar
SMVMCH

TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

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

Reference No.: 122/2022

Submission date and time: _____

91

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 647

Date: 9/3/22

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/M P-12/A12
JMG
10/3/22
M/11
16/03/22

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: CME ON "NTEPGUIDELINES UPDATE-2022"
3. Name of the organising department: Respiratory medicine
4. Date and time: 22/3/22
5. Venue: Basement Auditorium
6. Number of delegates expected to participate (internal and external):
Internal: 100
External: -
7. Contact person name and mobile number: Dr. R. Praveen
Intercom number: 1095
8. List of Resource person with complete details:

1) Dr. Sudakar DTO Villupuram
(External)

2) Dr. Yuvarajan Prof & Head, Dept. of Resy medicine
(Internal)

TRUE COPY ATTESTED

9. Total anticipated income details:

Nil

10. Total anticipated expenditure details:

Guest Speaker - 3000/- (including transport)
Banner - 1000/-
8000/-

4000 → STF/STO

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: STF, PUDUCHERRY

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 4000 (in words) Four thousand only

[Signature]
Chairperson
Conference committee

Dr. R. GANESH, B.D.S.
Reg. No. 5957
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.
Member / Secretary
Conference committee

Dr. S. YUVARAJAN, M.D., DNB.
Reg. No. 84441
PROFESSOR & HEAD
Department of Respiratory Medicine
Sri Manakula Vinayagar Medical College &
Kalitheerthalkuppam, Madagadipet, Puducherry - 6051
HOD / Organising Secretary
(Signature with seal)

[Signature]
Director
SMVMCH

[Signature]
Dean
SMVMCH

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

DR. S. YUVARAJAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY - 605 107.

Reference No.: 123 / 2022

Submission date and time: 8.3.2022

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Outward No.: 0181 / NEPHROLOGY

Date: 8-3-2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

M/M Ravi Kumar
JMB
12/3/22

1. Type of event: World Kidney Day Patient interactive Educational Official use only
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: meet
2. Title of the event: see above
3. Name of the organising department: Nephrology
4. Date and time: 15.3.2022 11.30 am
5. Venue: Basement Auditorium (Hospital Building)
6. Number of delegates expected to participate (internal and external):
Internal: 100
External: -
7. Contact person name and mobile number: Dr. RAVI KUMAR 995208206
Intercom number: 1245
8. List of Resource person with complete details:
Dr. Gishja
Dr. RAVI KUMAR
Dr. Kathiravan
Ms. Nivedha Tutor (Allied Health sciences)

9. Total anticipated income details:

10. Total anticipated expenditure details: RS. 3,000

Tea & Snacks for 100 people

As 2000f may be sanctioned as per CAE norms.

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: —

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 3000 (in words) Three thousand only

Chairperson
Conference committee

Member / Secretary
Conference committee
Dr. R. GANESH, B.D.S.
Reg. No. 5957
TUTOR

HOD / Organising Secretary
Dr. P. RAVINDRAN
MCI Reg. No. 2231 (with Reg. No. 119431)
Senior Consultant Nephrologist
HOD, Nephrology Department
Sri Manakula Vinayagar Medical College & Hospital
Puducherry

Director
SMVMCH

DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

Dean
Dr. S. MANOJ. R.N
DEAN

Registrar
SMVMCH

Note: A copy of the proposal should be sent to the Director, SMVMCH after Director's approval.
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM
PUDUCHERRY-605107
COPY ATTESTED

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

Reference No.: 129 / 2022

Submission date and time: _____

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: _____

Date: 15/3/2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

*MPII / AM
S.M.K.
15/3/22*

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
2. Title of the event: 8th BASIC SURGICAL SKILLS WORKSHOP (PERIAPICAL SURGERY - LIVE SURGERY DEMONSTRATION)
3. Name of the organising department: DENTISTRY
4. Date and time: 15.3.2022 8.30 Am to 1.00pm
5. Venue: CONFERENCE HALL (4th FLOOR)
6. Number of delegates expected to participate (internal and external):
 - Internal: _____
 - External: 6
7. Contact person name and mobile number: Dr. V. Keethika Shanmugam 9688082020
8. List of Resource person with complete details:

Dr. P. SANJAY MDS (ORAL & MAXILLOFACIAL SURGERY)
DNB., MCHSRIPS (GLASGOW)

JAN 15/3/22
PROFESSOR & HEAD
OF DENTISTRY
SMVNC14

15/03/22

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEENI NALKUPPAM,
MADRASDIPLY, PUDUCHERRY-605 107.

9. Total anticipated income details: Registration fees

Total: Rs. 12000/-

10. Total anticipated expenditure details: Rs. 19880/-

Banner: Rs. 500/- Lunch: Rs. 6000/-
Refreshment: Rs. 500/- Certificate: Rs. 500/-
Live Projection: Rs. 8000/- Delegate Kit: Rs. 1000/-
Memento: Rs. 500/-

11. Source of funding: Participants/ Management / Sponsorship
Consumable Material Rs. 2880

12. Sponsoring Agencies, if any: _____

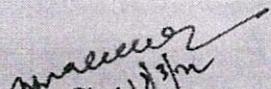
13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

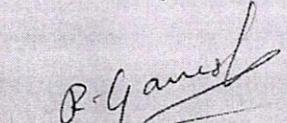
14. Format of invitation / brochure and certificate of participation (please attach):

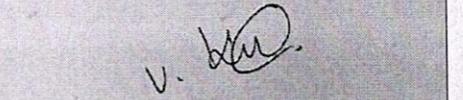
15. Additional information / Remark: _____

16. Funding required from management: Yes / No

If yes, funding required: Rs. 7800/- (in words) Seven thousand eight hundred rupees only.

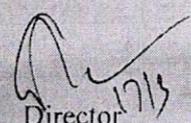

Chairperson
Conference committee

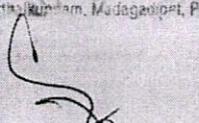

Member / Secretary
Dr. R. GANESH BDS
Conference committee


HOD / Organising Secretary
(Signature with seal)

DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthakuppam, Madhavapet, Puducherry - 605 107.

DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College And Ho
Kalitheerthakuppam, Puducherry-605107.


Director
SMVMCH


Dean
SMVMCH

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

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

Reference No.: 127/262

Submission date and time: _____

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.:

Date: 29/03/2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M P U / An
JMK
31/3/2022

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: ORAL HYGIENE AWARENESS PROGRAM FOR STAFF NURSES
3. Name of the organising department: DENTISTRY
4. Date and time: 01/04/2022 2.00pm to 3.00pm
5. Venue: BASEMENT LECTURE HALL
6. Number of delegates expected to participate (internal and external):
Internal: 50
External: _____
7. Contact person name and mobile number: Dr. R. Ganesh. 9944750884
Intercom number: 1262
8. List of Resource person with complete details:

① Dr. R. Ganesh. Tutor.
Dept of Dentistry
SMVMCH.

② Dr. Kiruteika Shriranjani, Tutor.
Dept. of Dentistry.
SMVMCH.

9. Total anticipated income details:

10. Total anticipated expenditure details:

Rs 2000/-

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark: NIL

16. Funding required from management: Yes/No

If yes, funding required: Rs. 2000/- (in words) _____
RUPEES TWO THOUSAND ONLY.

Chairperson
Conference committee

R. Ganesh
Member / Secretary
Conference committee

[Signature]
HOD / Organising Secretary
(Signature with seal)
Dr. P. SANJAY, M.D.S., D.H.S., MCHS, RCPS (C.S.S.)
Reg. No. 8004
PROFESSOR & HEAD
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Madagadipet, Puducherry - 605 107

Director
SMVMCH

[Signature]
Dean
SMVMCH

TRUE COPY ATTESTED
Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
DEPARTMENT OF DENTISTRY
MADAGADIPET, PUDUCHERRY - 605 107

Reference No.: 128 / 2022

Submission date and time: _____

03

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.:

Date: 31/3/22

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M. M. P. S. / 2022 / 11/4/2022

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg. *07/04/22*

Official use only

- Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
- Title of the event: CME CUM HAND ON WORKSHOP - EBUS 2022
- Name of the organising department: Respiratory Medicine
- Date and time: 08.4.22. 9 AM to 4 PM
- Venue: Basement Auditorium / MIT Auditorium
- Number of delegates expected to participate (internal and external):
Internal: 25
External: 50

7. Contact person name and mobile number: Dr. Praveen R / 9894562217
Intercom number: 1095

8. List of Resource person with complete details:

① Dr. Hanikishan
Consultant Pulmonologist
Yashodha hospital,
Hyderabad
(Attene)

② Dr. Chum IAN Soo
Senior Physician Respiratory
Medicine
Kuala Lumpur
Malaysia
(Online)

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALHEPET, PUDUCHERRY-605 107.

9. Total anticipated income details:

15,000/-

10. Total anticipated expenditure details:

Food lunch - 25,000/-

50,000/-

Refreshment - 5,000/-

Certificates / Memento / Tag / Registration Kit → 12,000/-

11. Source of funding: Participants / Management / Sponsorship

12. Sponsoring Agencies, if any: FUJIFILM / COOK

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach): Attached.

15. Additional information / Remark: -

16. Funding required from management: Yes / No

If yes, funding required: Rs. 8,000/- (in words) Eight thousand only.

-
-
-
-
-
-
-
-

Guest Speaker (Accommodation & Remuneration)

Chairperson
Conference committee

Member / Secretary
Conference committee

Dr. S. YUVARAJAN, M.D., DNB.,
HOD / Organising Secretary
PF (Signature with seal)
Department of Respiratory Medicine

Director
SMVMCH

Dean
SMVMCH

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

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DEAN
SRI MANJULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Reference No.: 129 / 2022

Submission date and time: _____

150

Sri **MANAKULA VINAYAGAR**



Medical college and Hospital

Outward No.: 58 / SMVMCH / PSY / 2022

Date: 04.04.2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Handwritten notes:
M/P 27/4/22
3/25/22
M/K
of 10/4/22

- | | Official use only |
|---|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: _____ | <input checked="" type="checkbox"/> |
| 2. Title of the event: <u>World Autism Day</u> | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: <u>Psychiatry</u> | <input checked="" type="checkbox"/> |
| 4. Date and time: <u>11.04.2022 and 10.00 am to 12.00pm</u> | <input checked="" type="checkbox"/> |
| 5. Venue: <u>Hospital Basement Auditorium</u> | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>100</u>
External: <u>25 (online)</u> | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: <u>Dr. S. Jeyu 9787274770</u> | |
| Intercom number: <u>1070</u> | |
| 8. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Dr. Shireenend Kattimani
M.B.B.S., M.D., D.P.
Professor of Psychiatry

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MADAGADIPEY, PUDUCHERRY - 605 007.

9. Total anticipated income details:
10. Total anticipated expenditure details: 4000
 Banquet 500
 Signaculum 2500
 Remer to 500
 Transport 500
11. Source of funding: Participants/ Management / Sponsorship
12. Sponsoring Agencies, if any: _____
13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
14. Format of invitation / brochure and certificate of participation (please attach):
15. Additional information / Remark:
16. Funding required from management: Yes/ No
 If yes, funding required: Rs. 4000 (in words)
 Four Thousand only.

Recommended
 Chairperson
 Conference committee

Member / Secretary
 Conference committee
 Dr. R. GANESH, BDS.

HOD / Organising Secretary
 (Signature with seal)

Dr. S. ARUN, M.D. (PSYCHIATRY)
 REG. NO. 77901
 Professor & Head
 Department of Psychiatry
 St. Marthas Vinayagar Medical College and Hospital
 Kumbakonam, Madhavipuram, Pudukkottai - 605 007

Director
 SMVMCH

DEPARTMENT OF PSYCHIATRY
 St. Marthas Vinayagar Medical College and Hospital
 Kumbakonam, Madhavipuram, Pudukkottai - 605 007
TRUE COPY ATTESTED
 DEAN
 ST. MARTHA'S VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KUMBAKONAM, MADHAVIPURAM,
 MADHAKUPPAM, PUDUCHERRY-605 107.

Registrar
 SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 133 / 2022

Submission date and time: _____

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 922 / SMVMCH / OBG / 2022

Date: 13.5.2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

- | | Official use only |
|---|--------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: _____ | <input type="checkbox"/> |
| 2. Title of the event: "ADOLESCENT CONTRACEPTION" | <input type="checkbox"/> |
| 3. Name of the organising department: OBSTETRICS & GYNAECOLOGY | <input type="checkbox"/> |
| 4. Date and time: 21.05.2022 / 11AM to 12PM | <input type="checkbox"/> |
| 5. Venue: BASEMENT AUDITORIUM | <input type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>150 + 6 + 15</u>
External: _____ | <input type="checkbox"/> |
| 7. Contact person name and mobile number: <u>DR. ASHA CHANDRAN 95971 88299</u>
Intercom number: <u>1059</u> | <input type="checkbox"/> |
| 8. List of Resource person with complete details:

<u>DR. SAMPATH KUMARI - S</u>
<u>PROFESSOR, OBGYN</u> | <input type="checkbox"/> |

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

- 9. Total anticipated income details:
 - Honarium - 2500
 - memento - 500
 - Banner - 500 - 10. Total anticipated expenditure details:
 - 11. Source of funding: Participants/ Management / Sponsorship
 - 12. Sponsoring Agencies, if any: _____
 - 13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
 - 14. Format of invitation / brochure and certificate of participation (please attach):
 - 15. Additional information / Remark:
 - 16. Funding required from management: Yes / No
- If yes, funding required: Rs. 3500 (in words) Three thousand five hundred only.

*Recommended & forwarded
Chairperson
Conference committee*

[Signature]

[Signature]

Director
SMVMCH

Member / Secretary
Conference committee
Dr. G. KALAI SELVAN
DEAN (RESEARCH)
Sri Manakula Vinayagar Medical College & Hospital
Kallitheerthalkuppam, Madagadipet,
Puducherry-605 007

Dean
SMVMCH

HOD / Organising Secretary
(Signature with seal)
Dr. M. JAYASREE, DNB, MRCCG
Reg. No: 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kallitheerthalkuppam, Madagadipet, Puducherry-605 102

Registrar
SMVMCH

TRUE COPY ATTESTED
DEAN
SRIMANUKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALLITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

Reference No.: 134 / 2022

97

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.:

Date: 2/06/2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/MDI/An
JMK
4/6/2022
mly
09/06/22

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

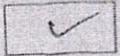
Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: one day
2. Title of the event: BASICS IN IMMUNOHEMATOLOGY & BLOOD BANKING
3. Name of the organising department: DEPARTMENT OF PATHOLOGY
4. Date and time: 11 - 06. 2022
5. Venue: SMVMCH AUDITORIUM [NEAR MIT]
6. Number of delegates expected to participate (internal and external):
Internal: 80
External: 70
7. List of Resource person with complete details:
1. Dr. E. SABARI PRIYA, MD
- TRANSFUSION MEDICINE [MGMCR]
2. Dr. S. KING SLEY, M.BESTED
- TRANSFUSION MEDICINE [PIMS]
3. Dr. ABRAHEM
- TRANSFUSION MEDICINE [TJMER]

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALITHELVU, MADURAI
MADURAI, TAMIL NADU - 625 107.

8. Total anticipated expenditure details:

50,000



Honorarium + moments = 9,500

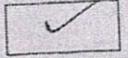
Speakers [lunch + refreshment] = 2,500

Banner + Certificates + Booklets = 6,500

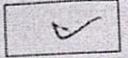
Lunch & Snacks for participant = 20,000 - will be raised in Registration fee

Local conveyance for Resource person = 1,500

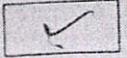
9. Source of funding: Participants/ Management / Sponsorship



10. Sponsoring Agencies, if any: _____

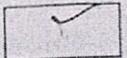


11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

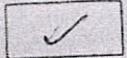


12. Format of invitation / brochure and certificate of participation (please attach):

Rough drafts attached



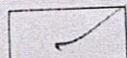
13. Additional information / Remark:



14. Funding required from management: Yes / No

If yes, funding required: Rs. 20,000 (in words)

Twenty ~~thousand~~ thousand



Recommended Rs 12,000/- as per CAC norms

P. Ganesh
Member / Secretary
Conference committee

Recommended Rs. 12,000/-
[Signature]
Chairperson,
Conference committee

Balaji
[Signature]
HOD / Organising Secretary
(Signature with seal)

[Signature]
Director / Dean
SMVMCH

DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Madagadiyaset, Madhavaram, Puducherry - 605 107.

TRUE COPY ATTESTED
Registrar
SMVMCH

Note: A copy of the proposal should be sent to IOAC after Director/Dean approval.

DEAN
SRIMANAKULA VINAYAGAR
MEDICAL COLLEGE
MADAGADIYASET, PUDUCHERRY-605 107.

Reference No.: 136 / 2022

(B)
M-(X-II) A 12
mth
23/06/22

Sri
MANAKULA  **VINAYAGAR**

Medical college and Hospital

Date: 21.06.2022

Outward No.: 957/SMVMCH/DVL/2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event: **Day Celebration**
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: **"World Vitiligo Day"**
3. Name of the organising department: **Dermatology, Venereology & Leprosy**
4. Date and time: **8.30 am on June 24th - 2022**
5. Venue: **Hospital Block**
6. Number of delegates expected to participate (internal and external):
Internal: _____
External: _____
7. List of Resource person with complete details:

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

8. Total anticipated expenditure details:

Prizes Rs. 2000/-

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: None

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark: None

14. Funding required from management: Yes / No

If yes, funding required: Rs. 2000 (in words) Two thousand rupees only

R. Ganesh
Member Secretary
DC Conference committee
Reg. No. 2007
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Aitheerthakuppam, Madagapet, Puducherry - 605 107.

Recommended & forwarded by
M. S. S. S. S.
Chairperson
Conference committee
TRUE COPY ATTESTED

Registrar
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE HOSPITAL
AITHEERTHAKUPPAM,
MADAGAPET, PUDUCHERRY-605 107.

[Signature]
HOD / Organising Secretary
(Signature with seal)
[Signature]
Director / Dean
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 137 / 2022

Submission date and time: _____

47

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Outward No.: 975/SMVMCH/DBG/2022

Date: 7/7/2022

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/M P/D / An
JMK
21/7/22

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

- | | Official use only |
|---|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: HANDS ON TRAINING SESSION ON "INSTRUMENTAL DELIVERY - THE DISAPPEARING ART" | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: DBG | <input checked="" type="checkbox"/> |
| 4. Date and time: 23/07/2022 From 8:30AM TO 4 pm | <input checked="" type="checkbox"/> |
| 5. Venue: "OWN BOOK READING HALL/ COLLEGE BLOCK" SIMULATION CENTRE. | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: 25
External: 40 | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: DR. GAYATHRI MOHAN 9500715222
Intercom number: 1059 | |
| 8. List of Resource person with complete details: | <input checked="" type="checkbox"/> |
| 1. Dr. Jayasree . M , Professor & Head | |
| 2. Dr. Bupathy . A , Professor | |
| 3. Dr. Nivedita . K , Professor | |
| 4. Dr. Poomalar . G . K , Professor | |
| 5. Dr. Poiyadhershini , Assistant Professor | |
| 6. Dr. Gayathri Mohan , Assistant Professor | |
| 7. Dr. Ilamathi . S , Assistant Professor | |
| 8. Dr. Divyapriya , Assistant Professor | |
| 9. Dr. Saranya Devi . L , Senior Resid | |
| 10. Dr. Inparasi . G , Senior Resid | |

ORIGINAL COPY ATTESTED
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KANTHEENTHALKURUPPAM,
MADRASAPET, PUDUCHERRY-605 107.

JMK
21/7/22

9. Total anticipated income details:

REGISTRATION FEE PER POSTGRADUATE

Sri MA

10. Total anticipated expenditure details:

Rs. 15000

Banner - Rs. 1000
Memento - Rs. 5000
Lunch buffet Rs. 250 per head x 35 = 8750
Total = 14,750

11. Source of funding: Participants/ Management/ Sponsorship

12. Sponsoring Agencies, if any:

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 15000/- (in words)

Rupees Fifteen thousand only /-

Rs 4000/- to be approved as per CAC norms for Memento & Banner.

Recommended Rs. 4050/-
Chairperson
Conference committee

Member / Secretary
Conference committee.

M. Jayasree
HOD / Organising Secretary
(Signature with seal)

Dr. M. JAYASREE, D.N.B., MRCOG
Reg. No. 61746
PROFESSOR & HEAD
Department of Obstetrics & Gynaecology
Sri Manakula Vinayagar Medical College & Hospital
Kallitheerthakuppam, Madagadipet, Puducherry - 605 107.

Director
SMVMCH

Dean
Dr. K. KARTHIKEYAN, M.D.
SMVMCH
DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital
Kallitheerthakuppam, Madagadipet, Puducherry - 605 107.

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IOAC after Director/Dean approval.

Note: Excess amount over expenditure to be returned to A.O. office.

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALLITHEERTHAKUPPAM, MADAGADIPET, PUDUCHERRY - 605 107.

Reference No.: 139 / 2022

Submission date and time: _____

(63)

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 800 / SMVNH / Anals / 2022

Date: 20/7/22

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Handwritten notes:
M / M P - 15 / 172
JMK
21/7/22

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration-Reg.

Handwritten signature: M. Uthorn

- | | Official use only |
|---|-------------------------------------|
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: <u>periopeptive Rush protocol - Rapid ultrasound in Shock and hypotension</u> | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: <u>Anaesthasiology</u> | <input checked="" type="checkbox"/> |
| 4. Date and time: <u>29/7/22, 2.15 to 3.15 pm</u> | <input checked="" type="checkbox"/> |
| 5. Venue: <u>Demo Hall Speciality OT, SMVNH</u> | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>26</u>
External: <u>5-10</u> | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: <u>Dr. Balasubramanian.S, 9940764982</u>
Intercom number: <u>1129</u> | |
| 8. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Dr. A. Arun Sunder M.D.,
Associate professor
Govt. Villupuram Medical College
Villupuram,

Ph. 9943407512.

TRUE COPY ATTESTED
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MAURANGAIPEI, PUDUCHERRY-605 107.

Handwritten signature: JMK
20/7/22

Nil

9. Total anticipated income details:

10. Total anticipated expenditure details:

Reserve per person 2500/-
- 3000/-
Tea & Snacks - 2000/-

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: Neon Pharma

2000/-

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes/No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes/No

If yes, funding required: Rs. 2500/- (in words) Three

Thousand only Two thousand five hundred only

Recommended &
to 2500/- forward
Chairperson
Conference committee

Member / Secretary
Conference committee

Dr. SUNEETHA
HOD / Organising Secretary
(Signature with seal)

Director
SMVMCH

TRUE COPY ATTESTED
Dr. Dean
SMVMCH
MADAGADIPES, PULICHENRY-605 107.

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 143 / 2022

DD

M/MCHD/2022
JMAK
23/8/22

Sri
MANAKULA  **VINAYAGAR**

Medical college and Hospital

Outward No.: SMVMCH/RAD/NO.1959/2022

Date: 22.08.2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event: **Workshop**
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
2. Title of the event: **"Hands on Workshop on Image Guided Interventions"**
3. Name of the organising department: **Radio-Diagnosis**
4. Date and time: **8.30 am - 1.00 pm on 4th Sep 2022**
5. Venue: **Basement Auditorium Hospital Block & Department of Radiodiagnosis**
6. Number of delegates expected to participate (internal and external):
Internal: 20
External: 50

7. List of Resource person with complete details:
Dr. Franklin Irwin, Assistant Professor, CMC Vellore
Dr. P. Elamparidhi, Associate Professor, SMVMCH
Dr. D. Rajasree, Assistant Professor, SMVMCH
Dr. A.V. Joe Vimal Raj, Assistant Professor, SMVMCH

TRUE COPY ATTESTED
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
PUDUCHERRY - 605 007.

- 8. Total anticipated expenditure details:
 - Lunch & Refreshment : 20,000
 - Memento : 1,500
 - Banner : 1,500
 - Total : 23,000
- 9. Source of funding: Participants/ Management / Sponsorship
- 10. Sponsoring Agencies, if any: BARD, Medical Appliances
- 11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
- 12. Format of invitation / brochure and certificate of participation (please attach):
- 13. Additional information / Remark: None
- 14. Funding required from management: Yes / No
 If yes, funding required: Rs. 3000 (in words) Three Thousand
only

P. Ganesh
 Member / Secretary
Dr. P. GANESH, B.D.S.
 Conference committee
 TUTOR
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

10/11
 Chairperson
 Conference committee
 Registrar
 SMVMCH

Dr. A. Umamageswari
Dr. A. UMAMAGESWARIN DNB., MNAMS.
 HOD / Organising Secretary
 (Signature with seal) is
 Sri Manakula Vinayagar Medical
 College and Hospital
 Kalitheerthalkuppam, Madagadipet,
 Puducherry-605 107.
 Director / Dean
 SMVMCH
Dr. K. KARTHIKEYAN, M.D.
 DEAN (ACADEMIC)
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet,
 Puducherry - 605 107.

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

TRUE COPY ATTESTED

SMVMCH
 KALITHEERTHALKUPPAM,
 MADAGADIPET, PUDUCHERRY-605 107.

SMVMCH Director Office
 INWARD
 Date... 21/11/21

Reference No.: 146/2022

Submission date and time: 5-09-2022

(62)

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 172 / smvmch / psy / sept-22

Date: 7/9/22

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/MP-12/A12
JMK
13/9/22

13/09/22

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Official use only

1. Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:

2. Title of the event: SUICIDE PREVENTION DAY

3. Name of the organising department: PSYCHIATRY

JMK
13/9/22

4. Date and time: 16/9/22 - 10.30 am - 01.00 pm

5. Venue: HOSPITAL BASEMENT AUDITORIUM

6. Number of delegates expected to participate (internal and external):
Internal: _____
External: 1) DR. M. ASOK KUMAR
2) DR. R. ARUL SARAVANAN

7. Contact person name and mobile number: DR. S. ARUN (17.00)
Intercom number: 1070

8. List of Resource person with complete details:

1) DR. M. ASOK KUMAR
PROFESSOR
DEPT of PSYCHIATRY
SMVMCH, PUDUCHERRY
Ph: 9655 92 9321

2) DR. R. ARUL SARAVANAN
PROFESSOR & HEAD
DEPT OF PSYCHIATRY
SRM, CHENNAI
Ph: 9500 11 6003

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
LUTHIERTHAL KUPPAM,
MADHURAI, PUDUCHERRY-605 107.



9. Total anticipated income details: 1) Refreshment (lunch) - 500/-
 2) Banner - 1500/-
 3) Honorarium 2500 x 2 - 5000/-
 4) Memento 500 x 2 - 1000/-

10. Total anticipated expenditure details: 5) Transport
 1) Speaker (Local) 500/- }
 2) Speaker (Kannada) - 3000/- } = 3500/-
 (160 km x 2 = 320 km x 10/-)
 Total - 11,500/-

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach): YES

15. Additional information / Remark: _____

16. Funding required from management: Yes / No

If yes, funding required: Rs. 11,500/- (in words) Eleven thousand and five hundred rupees only.

Recommended Rs. 9000/- local speakers
 (For guest lecture and prefered) Chairperson
 Conference committee 10/9/22

Member / Secretary
 Conference committee
 Dr. P. Ganesh Babu

TUTOR
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthakuppam, Madagadipet, Puducherry - 605 107.

Dean
 SMVMCH

HOD / Organising Secretary
 Dr. S. ARIN M.D.
 (Signature With seal)
 Regd. No: 77901
 PROFESSOR & HEAD
 DEPARTMENT OF PSYCHIATRY
 Sri Manakula Vinayagar Medical College & Hospital
 Kalitheerthakuppam, Madagadipet, Puducherry-605 107

Registrar
 SMVMCH

Director
 SMVMCH

TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

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

Reference No.: 152 / 2022

Submission date and time: 1-10-2022

74

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 208 / smv mch / psy / oct-22

Date: 1/10/2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M / MCH
JMS
G1 x 5m

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

- 1. Type of event: GUEST LECTURE Official use only
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
- 2. Title of the event: WORLD MENTAL HEALTH WEEK.
- 3. Name of the organising department: PSYCHIATRY
- 4. Date and time: 13/10/2022 + 8:00 am to 1:00pm
- 5. Venue: MIT AUDITORIUM
- 6. Number of delegates expected to participate (internal and external):
Internal: _____
External: Dr. SABARI SRIOHAR OT
- 7. Contact person name and mobile number: Dr. S. ARUN
Intercom number: 1070
- 8. List of Resource person with complete details:

08/10/22

Dr. SABARI SRIOHAR OT
PROFESSOR & HEAD
DEPARTMENT OF PSYCHIATRY
TRUE COPY ATTESTED
SRI RAMACHANDRA INSTITUTE OF
HIGHER EDUCATIONAL & RESEARCH
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
CHENNAI
MADRAS AP, PUDUCHERRY-605 007.

9. Total anticipated income details:

BANNER	:	500/-
HONORARIUM	:	2500/-
MEMENTO	:	500/-

10. Total anticipated expenditure details:

TRANSPORT (163 km x 2 = 326 km)	:	3000/-
RESTRICTED to 200 km		
		<u>6500/-</u>

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

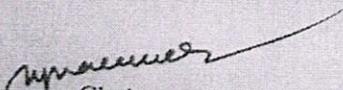
13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

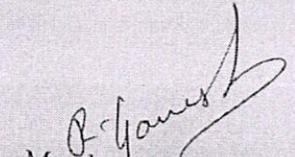
14. Format of invitation / brochure and certificate of participation (please attach):

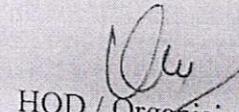
15. Additional information / Remark:

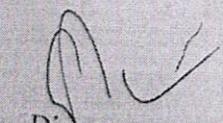
16. Funding required from management: Yes / No

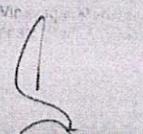
If yes, funding required: Rs. 6500/- (in words) SIX THOUSAND AND FIVE HUNDRED ONLY.


Chairperson
Conference committee


Member / Secretary
Conference committee

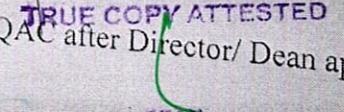

HOD / Organising Secretary
(Signature with seal)


Director
SMVMCH

DEPARTMENT OF PSYCHIATRY
Sri Manakula Vinayaka Medical College and Hospital
Kalitheerthi, Madhavapuram, Puducherry - 605 107.

Dean
SMVMCH

Dr. S. ARUN, MD (PSYCHIATRY)
REG. No: 77901
Professor & Head
Department of Psychiatry
Manakula Vinayaka Medical College and Hospital
Kalitheerthi, Madhavapuram, Puducherry - 605 107.
Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

TRUE COPY ATTESTED

SRI MANAKULA VINAYAKA MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHI, MADHAVAPURAM, PUDUCHERRY - 605 107.

Reference No.: 152 / 2022

Submission date and time: 1-10-2022

Sri
MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.: 207 / SMVMCH / PSY / Oct-22

Date: 11/10/2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M / M P I J / Ar
JMS
6/11/22

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

- | | Official use only |
|--|-------------------------------------|
| 1. Type of event: DAY CELEBRATION
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: WORLD MENTAL HEALTH DAY | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: PSYCHIATRY | <input checked="" type="checkbox"/> |
| 4. Date and time: 10/10/2022 * 10:00 AM | <input checked="" type="checkbox"/> |
| 5. Venue: GROUND FLOOR STALL | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: _____
External: _____ | <input checked="" type="checkbox"/> |
| 7. Contact person name and mobile number: Dr. S. ARUN.
Intercom number: 1070 | <input checked="" type="checkbox"/> |
| 8. List of Resource person with complete details: | <input checked="" type="checkbox"/> |

Dr. S. Arun
08/10/22

TRUE COPY ATTESTED

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

9. Total anticipated income details:

DAY CELEBRATION : 2000/-

10. Total anticipated expenditure details:

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 2000/- (in words) Two Thousand rupees only.

Chairperson
Conference committee

Dr. R. Ganesh B.D.S.,
Reg No. 8987
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kaliheerthakuppam, Madagadipet, Puducherry - 605 107.

HOD / Organising Secretary

(Signature with seal)

Dr. S. Arun, M.D. (PSYCHIATRY)
REG. No: 77901
Professor & Head
Department of Psychiatry
Sri Manakula Vinayagar Medical College and Hospital
Kaliheerthakuppam, Madagadipet, Puducherry - 605 107.

Director
SMVMCH

Dean
SMVMCH

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

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 155 / 2022

Submission date and time: _____

102

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: 719 / SMVMCH / Res. Medicine / 2022

Date: 5/10/22

M/P/D
7/7/22

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

1. Type of event:

Official use only

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: _____

2. Title of the event: post Graduate Quiz in Respiratory diseases 2022
An Educational Initiative under Regts of National College of
Chest Physicians (INDIA)

3. Name of the organising department: Respiratory Medicine

4. Date and time: 14th / 10 / 2022, 2-30pm to 3-30pm

5. Venue: Basement Auditorium,

6. Number of delegates expected to participate (internal and external):

Internal: 6

External: 15

7. Contact person name and mobile number: A. S. Yuvaraj, 9789156785

Intercom number: 1095

8. List of Resource person with complete details:

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL ROAD,
MADAGADIPEI, PUDUCHERRY-605 007.

- 9. Total anticipated income details:
- 10. Total anticipated expenditure details:
- 11. Source of funding: Participants/ Management / Sponsorship
- 12. Sponsoring Agencies, if any: Chennai IIM / NCCP
- 13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
- 14. Format of invitation / brochure and certificate of participation (please attach): (NCCP)
- 15. Additional information / Remark:
- 16. Funding required from management: Yes / No
 If yes, funding required: Rs. _____ (in words) _____

[Signature]
 Chairperson
 Conference committee

Member / Secretary
 Conference committee

HOD / Organisation Secretary
Dr. S. YUVARAJAN, M.D., DNB.,
 (Seal No. 8441)
 PROFESSOR & HEAD
 Department of Respiratory Medicine
 Sri Manakula Vinayagar Medical College & Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry-605107.

[Signature]
 Director
 SMVMCH

[Signature]
 Dean
 SMVMCH

Registrar
 SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

SMVMCH Director Office
 INWARD
 No... 655... Date.. 07/10/22

TRUE COPY ATTESTED

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

SMVMCH Director Office
 OUTWARD
 No... 1568... Date.. 07/10/22

Outward No: SMVMCH/PHARMA/ Day Celebration / 859 / 2022

Date: 18.10.2022

To
The Director

SMVMCH.

Sub: Submission of proposal for Day celebration – Reg

SMPLI/A12
JMB
25/10/22
20/10/22

Official use Reference No. 158/2022

- | | | |
|--|--|-------------------------------------|
| 1. Type of event | : Day celebration | <input checked="" type="checkbox"/> |
| 2. Title of the event | : World Diabetes Day | <input checked="" type="checkbox"/> |
| 3. Name of the organising department | : Pharmacology | <input checked="" type="checkbox"/> |
| 4. Date and time | : 14 th November 2022 | <input checked="" type="checkbox"/> |
| | : 10.30 AM – 4.00PM | <input checked="" type="checkbox"/> |
| 5. Venue | : Department of Pharmacology and Lecture Hall - IV | <input checked="" type="checkbox"/> |
| Number of delegates expected to participate (internal) | : 50 – 60 | <input checked="" type="checkbox"/> |
| | : MBBS undergraduate students (1st year to final year) | |
| 6. Contact person name and mobile number | : Dr. Vivekraj.N , Assit. Professor - 9791211768 | <input checked="" type="checkbox"/> |
| | : Dr. Suja Xavier, Assit. Professor - 9946638469 | |
| Intercom number | : 2081 | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details | : Faculty of Department of Pharmacology | <input checked="" type="checkbox"/> |

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KANNUR, KERALA
MADAGADHIL, RUDUCHERRY-692 157

9. Total anticipated expenditure

PARTICULARS		ANTICIPATED EXPENDITURE
1. Invitation (SMVMCH Press)		1000
2. Banner x 2		
3. Certificates (SMVMCH Press)		
4. Refreshment		
Snacks 18x15	= 270	450
Tea / Coffee 18x10	= 180	

	450	

5. Trophies (for 4 events)		800
Total		2250

10. Source of funding : Management
11. Sponsoring Agencies, if any : Nil
12. Accreditation from
Tamil Nadu Medical Council/ Any other agency : Nil
13. Format of invitation /brochure and certificate
of participation (please attach) : Attached
14. Additional information /Remark : Nil
15. Funding required from management : Yes

If yes, funding required: Rs 2250 (in words) Two Thousand Two Hundred and fifty only

M. Shun
18/10/22
HOD / Organising Secretary
Signature with seal
Professor & Head
Pharmacology Department
SMVMCH, Kalitheerthalkuppam
Puducherry

[Signature]
DIRECTOR / DEAN
[Signature]

TRUE COPY ATTESTED

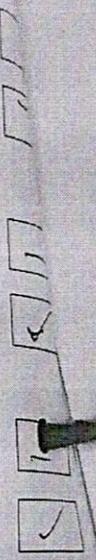
[Signature]
D. P. KATISH, B.D.S.
Member / Secretary
Conference Committee
DEPARTMENT OF DENTISTRY
Bai Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

[Signature]
22/10/22
Chairperson
Conference committee

DR. B. MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHALKUPPAM
MADAGADIPET, PUDUCHERRY - 605 107
Registrar
SMVMCH

ANA

alitheer



Received on 28/10/2022
on @ 5 06 PM.

29

Reference No.: 161 / 2022

Sri **MANAKULA**  **VINAYAGAR**

Medical college and Hospital

Outward No.: SMVMCH/RAD/NO. 2041/2022

Date: 28/10/2022

To
The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

M/MD-II/A2
JMK
3/11/22
R
OL

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | |
|---|-------------------------------------|
| | Official use only |
| 1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: | <input checked="" type="checkbox"/> |
| 2. Title of the event: ROENTGEN DAY CELEBRATION | <input checked="" type="checkbox"/> |
| 3. Name of the organising department: RADIO DIAGNOSIS | <input checked="" type="checkbox"/> |
| 4. Date and time: 08.11.2022, 10.30 am - 11.30 am | <input checked="" type="checkbox"/> |
| 5. Venue: Mini EXHIBITION STALL, GROUND FLOOR,
(HOSPITAL BLOCK). | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: _____
External: NIL | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details: - NIL - | <input checked="" type="checkbox"/> |

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEER/MAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

8. Total anticipated expenditure details: Prizes - Rs. 1800
Flowers
chocolates - Rs. 600
Decorations - Rs. 600
Total Rs. 3000

9. Source of funding: Participants/ Management / Sponsorship
10. Sponsoring Agencies, if any: NIL
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
12. Format of invitation / brochure and certificate of participation (please attach):
13. Additional information / Remark: ML
14. Funding required from management: Yes / No
If yes, funding required: Rs. 3000 (in words) Three thousand

Rs 2000 can be sanctioned as per CAE.

Recommended Rs. 2000/-

P. Ganesh
Member/ Secretary
Conference committee
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthakuppam, Madagadipet, Puducherry - 605 107.

31/10/20
Chairperson
Conference committee
TRUE COPY ATTESTED
DEAN
SRIMANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Dr. A. MADHAGESWARI DNB, M.N.A.M.
HOD / Organising Secretary
(Signature with seal)
Professor and Head
Dept. of Radio-Diagnosis
Sri Manakula Vinayagar Medical
College and Hospital
Kalitheerthakuppam, Madagadipet
Puducherry-605 107.

Director / Dean
SMVMCH

Note: A copy of the pro...

Registrar
SMVMCH

Reference No.: 167 / 2022

Submission date and time: 18/11/22

Sri MANAKULA VINAYAGAR



103

Medical college and Hospital

Outward No.: 743 / SUMMCH / Res-Med / 2022

Date: 17/11/22

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration - Reg.

Official use only

- Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
- Title of the event: WORLD COPD DAY
- Name of the organising department: Department of Respiratory Medicine
- Date and time: 24/11/2022 at 9.30 am to 4.00 pm
- Venue: Hospital Basement Auditorium
- Number of delegates expected to participate (internal and external):
Internal: _____
External: ONE
- Contact person name and mobile number: DR. PRAVEEN - 9894562217
Intercom number: 1095 DR. ANTONIUS - 9894336412
- List of Resource person with complete details:
Prof E. SHANMUGANATH E MPT (Cardio) MBA (HR) PhD
Professor and Head of the Department,
Department of Physiotherapy
MGMCRI
Sri Balaji Vidyapeeth Puducherry.

RECEIVED
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
PUDUCHERRY

9. Total anticipated income details: 15.00

Transport Rs. 1000/-
Buses and car hire Rs. 5000/-
Board Rs. 1000/-
Honorarium Rs. 1000/-
Refreshment Rs. 1000/-
Participation fee Rs. 1000/-

10. Total anticipated expenditure details: 15.00

Rs. 10,000/-

- 11. Sources of funding: Participants/ Management/ Sponsorship
- 12. Sponsoring Agencies, if any: _____
- 13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes/No
- 14. Format of invitation / brochure and certificate of participation (please attach): _____
- 15. Additional information / Remark: _____
- 16. Funding required from management: Yes/No
If yes, funding required: Rs. _____ (in words) _____

Be 15000/- to be provided for the C.A.C.

Chairperson
Conference committee

Secretary
In-charge

*Dr. S. SIVAPARAN, M.D., D.D.,
HOD, Organising Secretary
Dental Signature with seal) 13/11/2020
8th Block, Venkateswara Medical College & Hospital
Kattankulathur, Kanchipuram, Tamil Nadu - 601 301*

[Signature]
Director
SMVMCH

[Signature]
Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

SMVMCH Director Office
OUTWARD / 1

9. Total anticipated income details:
10. Total anticipated expenditure details:
Rs: 10,000/-
 Transport - Rs 1000/-
 Buses and certificate - Rs 2000/-
 Banner - 500/-
 Honorarium for Resource person - Rs 2,500/-
 Menus - Rs 1000/-
 Refreshment (Guest) - Rs 1000/-
11. Source of funding: Participants/ Management / Sponsorship
12. Sponsoring Agencies, if any: _____
13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
14. Format of invitation / brochure and certificate of participation (please attach):
15. Additional information / Remark:
16. Funding required from management: Yes / No
 If yes, funding required: Rs. _____ (in words) _____

Rs 4500/- to be recommended as per CAE
submitted Rs 4500/- as per CAE
 Chairperson
 Conference committee

Dr. Ganesh
 Member / Secretary
 Dr. Conference Committee

Dr. S.YUVARAJAN, M.D., D.M.S.
 HOD & Organising Secretary
 Dept. (Signature with seal) Medicine
 Sri Manakula Vinayagar Medical College & Hospital
 Kalitheerthakuppam, Madagadipet, Puducherry-605 001

DEPARTMENT OF MEDICINE
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthakuppam, Madagadipet, Puducherry - 605 001

[Signature]
 Director
 SMVMCH

Dean
 SMVMCH

Registrar
 SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

TRUE COPY ATTESTED

SMVMCH
 MEDICAL COLLEGE
 KALITHEERTHAKUPPAM
 MADAGADIPET, PUDUCHERRY - 605 001

SMVMCH Director Office
 OUTWARD / 1
 1922

Reference No.: 171 / 2022

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: SMVMCH / MEU / 128 / 2022

Date: 13.12.2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

Official use only

1. Type of event:

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:

2. Title of the event: WORKSHOP ON "E-CONTENT AND
E-COURSE" DEVELOPMENT

3. Name of the organising department: MEDICAL EDUCATION UNIT

4. Date and time: 20.12.2022, 8.30AM - 3.30PM

5. Venue: DIGITAL LAB, SMVMCH

6. Number of delegates expected to participate (internal and external):

Internal: 30

External:

7. List of Resource person with complete details:

1. Dr. K. SOUNDARIYA, PROFESSOR PHYSIOLOGY,
SMVMCH

2. Dr. V. DEEPIKA, ASSOCIATE PROFESSOR, PHYSIOLOGY

3. Dr. N. SURESH, ASSOCIATE PROFESSOR, ANATOMY

4. Dr. R. UDHAYASANKAR, ASSOCIATE PROFESSOR,
MICROBIOLOGY

TRUE COPY ATTESTED

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

Dr. R. GANESH, B.S.C.
Reg. No. 2027

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

BANNER: Rs. 500 / -

8. Total anticipated expenditure details:

REFRESHMENT: Rs. 1000 / -

MEMENTO (200x3) = Rs. 600 / -

MISCELLANEOUS Rs. 500 / -

2600

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any: _____

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
APPLIED

12. Format of invitation / brochure and certificate of participation (please attach):
ATTACHED.

13. Additional information / Remark:

14. Funding required from management: Yes / No

If yes, funding required: Rs. 2600/- (in words) TWO THOUSAND SIX HUNDRED ONLY

R. Ganesan

Member/Secretary,
Reg. No. 5957
Conference committee
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

[Signature]
14/12/22
Chairperson
Conference committee

[Signature]
Registrar
SMVMCH

S. Soundary
HOD / Organizing Secretary
(Sri Manakula Vinayagar Medical College and Hospital)
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Puducherry-605 107.
Director / Dean
SMVMCH

TRUE COPY ATTESTED

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

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

Reference No.: 172 / 2022

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: 378 / SMVMCH / G. Surgery / 2022.

Date: 14/12/2022

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

SURGERY for UG C

Sub: Submission of proposal for ~~conference~~ / CME / Workshop / Guest lecture / Quiz /
Day-celebration - Reg.

Official use only

- Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day-celebration /
Others:
- Title of the event: GENERAL SURGERY CME FOR UNDERGRADUATES (FINAL YEAR)
- Name of the organising department: GENERAL SURGERY DEPARTMENT
S.M.V.M.C.H.
- Date and time: 19/12/2022. 8.30 AM to 1.00 PM.
- Venue: HOSPITAL BUILDMENT AUDITORIUM.
- Number of delegates expected to participate (internal and external):
Internal: 150 FINAL YR STUDENTS + FACULTIES
External: ONE
- List of Resource person with complete details:

DR. R. RAJAMANENDRAN

M.S., M.Ch.

SURGICAL GASTRO ENTEROLOGY

Govt. VILUPURAM MEDICAL COLLEGE

VILUPURAM.

TRUE COPY ATTESTED

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

DR. R. GANESH, B.S.
Red No 2022
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalibberthalkuppam, Madhavapuram, Puducherry - 605 107.

1. Refreshment (guest) - Rs 500
2. Banner - Rs 500
3. Honorarium - Rs 2,500
4. Memento - Rs 500

8. Total anticipated expenditure details:

BANNER, MEMENTO / SNACKS :
 Total - Rs 4,000

9. Source of funding: Participants/ Management / Sponsorship

10. Sponsoring Agencies, if any:

11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes/ No

12. Format of invitation / brochure and certificate of participation (please attach):

13. Additional information / Remark:

14. Funding required from management: Yes/ No

If yes, funding required: Rs. _____ (in words) _____
 Rupees four thousand only -

P. Ganesh
 Member Secretary,
 Reg. No. 5957
 Conference committee
 DEPARTMENT OF DENTISTRY

Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

Myra
 Chairperson
 Conference committee

Dr. G.V. Manoharan
 Dr. G.V. MANOHARAN
 HOD / Organising Secretary
 (Signature with seal)
 Department of General Surgery
 Sri Manakula Vinayagar Medical College & Hospital
 Madagadipet, Puducherry - 605107
 Director / Dean
 SMVMCH

TRUE COPY ATTESTED

Registrar
 SMVMCH

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

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 173 / 2022

Sri
MANAKULA  **VINAYAGAR**

Medical college and Hospital

Outward No.: 439/SMVCH/Poondi/2022

Date: 14/12/22

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration - Reg.

- | | | Official use only |
|----|---|-------------------------------------|
| 1. | Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | Title of the event: <u>IAP - NRP FORM</u>
<u>Basic Neurophysiology</u> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | Name of the organising department: <u>PEDIATRE</u> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Date and time: <u>23/12/22</u> from <u>8.30 to 4.00</u>
<u>PM</u> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | Venue: <u>SIMULATION LAB</u> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Number of delegates expected to participate (internal and external):
Internal: <u>218</u>
External: _____ <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | List of Resource person with complete details: <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Dr. A. Arunkumar . Prof SMVCH

Dr. Kalkayar Prof ~~SMVCH~~ MANCERI

Dr. Soudagar Prof MANCERI

8. Total anticipated expenditure details: *Banner 500*
monerbo 1000
or
2 lakh 0000
9. Source of funding: Participants/ Management / Sponsorship
10. Sponsoring Agencies, if any: TAP
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
12. Format of invitation / brochure and certificate of participation (please attach):
13. Additional information / Remark:
14. Funding required from management: Yes / No
 If yes, funding required: Rs. 1500 (in words) Thousand five
hundred rupees only

GR

R. Ganesh
 Member / Secretary
 Dr. R. GANESH, B.D.S.,
 Conference committee

DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

Chairperson
 Conference committee

Director / Dean
 SMVMCH

T. Bharath Kumar
 Dr. T. BHARATH KUMAR
 Regd. No: 75119
 HOD / Organising Secretary
 Department of Pediatrics
 (Signature with seal)
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet,
 Puducherry-605107.

Registrar
 SMVMCH

TRUE COPY ATTESTED

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

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

alai.

Reference No.: 174 / 2023

Submission date and time: 04/01/2023,

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.: 05/SMMUCH / Gen. medicine / 2023

Date: 05/01/2023

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration – Reg.

Official use only

1. Type of event:

Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
2. Title of the event: Myths & facts on Diabetes diagnosis
3. Name of the organising department: INDIA B study - the management
General Medicine
4. Date and time: 10-1-2023 - 2-3.30pm
5. Venue: Baccant lecture hall - Hospital
6. Number of delegates expected to participate (internal and external):

Internal: ✓

External: Dr. R. GANESH B.D.S.
7. Contact person name and mobile number: Dr. S. GIRISH
Intercom number: 9894976119.
8. List of Resource person with complete details: **TRUE COPY ATTESTED**

Dr. A. K. Das
Consultant Endocrinologist
Mahatma Gandhi Medical College
Puducherry.

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KARAIKALKUPPAM,
M. PUDUCHERRY-605 007.

9. Total anticipated income details:

10. Total anticipated expenditure details:

Refreshment - Rs 500
Banner - Rs 500
Memento - Rs 500
Guest speaker 2500 + Travel allowance Rs 1000/-

5000/-
Rs 5500/-

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: nil

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes/No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 5000/- (in words) FIVE

THOUSANDS ONLY.

Recommended Rs 4500/- as per CAL norms.

recommended
Rs. 4500/-
Chairperson
Conference committee
5/1/23

P. Ganesh
Member / Secretary
Conference Committee
Dr. P. GANESH
Reg. No. 5957
TUTCR

[Signature]
HOD / Organising Secretary
PROFESSOR & HEAD
(Signature with seal)
Department of General Medicine
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,
Puducherry-605107.

DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

[Signature]
Director b1
SMVMCH

[Signature]
Dean
SMVMCH

TRUE COPY ATTESTED

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 175 / 188 / 2023

Sri MANAKULA VINAYAGAR



Medical college and Hospital

Outward No.:

Date: 10.01.23

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz /
Day celebration-Reg.

- | | |
|---|-------------------------------------|
| 1. Type of event: REVISED BASIC COURSE WORKSHOP | Official use only |
| Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: MANDATORY EVENT FOR NMC | <input checked="" type="checkbox"/> |
| 2. Title of the event:
4th REVISED BASIC COURSE WORKSHOP IN MEDICAL EDUCATION | <input checked="" type="checkbox"/> |
| 3. Name of the organising department:
MEDICAL EDUCATION UNIT | <input checked="" type="checkbox"/> |
| 4. Date and time:
18.1.2023 to 20.01.2023 | <input checked="" type="checkbox"/> |
| 5. Venue:
MEDICAL EDUCATION UNIT | <input checked="" type="checkbox"/> |
| 6. Number of delegates expected to participate (internal and external):
Internal: <u>30</u>
External: _____ | <input checked="" type="checkbox"/> |
| 7. List of Resource person with complete details:
LIST ATTACHED | <input checked="" type="checkbox"/> |

TRUE COPY ATTESTED
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107

8. Total anticipated expenditure details: Rs. 17,650 / -
9. Source of funding: Participants/ Management / Sponsorship
10. Sponsoring Agencies, if any: -
11. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No
12. Format of invitation / brochure and certificate of participation (please attach):
13. Additional information / Remark: -
14. Funding required from management: Yes / No
 If yes, funding required: Rs. 17,650 (in words) SEVENTEEN THOUSAND, SIX HUNDRED AND FIFTY

R. Ganesh
 Member / Secretary
Dr. R. GANESH, B.D.S.
 Conference committee

Recommendation
11/1/19
 Chairperson
 Conference committee

K. Soundarya
 HOD / Organizing Secretary
Dr. K. SOUNDARIYA
 MEU Coordinator,
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Puducherry-605 107.
 Director / Dean
 SMVMCH

TUTOR
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

Registrar
 SMVMCH

TRUE COPY ATTESTED

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

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

Reference No.: 176 / 2023

Submission date and time: 14/01/2023



Medical college and Hospital

Outward No.:

Date: 14/01/2023

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration-Reg:

Official use only

- Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration / Others:
- Title of the event: MACE 23 (Manakula Vinayagar Anesthesia Continuing Education -2023)
- Name of the organising department: Anaesthesiology.
- Date and time: 19/02/2023
- Venue: MIT Auditorium.
- Number of delegates expected to participate (internal and external):
Internal: 40
External: 160.
- Contact person name and mobile number: Dr. Balasubramanian.
Intercom number: 9940764982
- List of Resource person with complete details:

Invitation attached

TRUE COPY ATTESTED
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAKUPPAM,
MADAGADIPET, PUDUCHERRY-605 007.

9. Total anticipated income details:

Delegates - 150000
Sponsor - 150000

10. Total anticipated expenditure details:

Estimated Expenses - 400000.

11. Source of funding: Participants/ Management / Sponsorship

✓ ✓ ✓

12. Sponsoring Agencies, if any: Neon, Samarth, Sonosite.

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

Applied.

14. Format of invitation / brochure and certificate of participation (please attach):

Attached.

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 25,000 (in words) Twenty five thousand only.

⊗ Recommended Rs 18,500/- as per CAC Norms.

Dr. SUNEETH P LAZARUS, M.D.,

Reg. No. 59992

Professor & Head

Department of Anaesthesiology

Sri Manakula Vinayagar Medical College & Hospital
Kalittheerthalkuppam, Madagadipet, Puducherry-605 107.

HOD / Organising Secretary

(Signature with seal)

[Signature]
Chairperson
Conference committee

[Signature]
Member / Secretary
Conference committee

Dr. P. GANESH B.D.S.
Reg. No. 5957
TUTOR
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalittheerthalkuppam, Madagadipet, Puducherry - 605 107.

[Signature]
Director
SMVMCH

[Signature]
Dean
SMVMCH

TRUE COPY ATTESTED

Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/Dean approval.

Reference No.: 178 / 2023

Submission date and time: 08/02/2023



Medical college and Hospital

Outward No.: 861

Date: 08/2/23

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day celebration – Reg.

Official use only

- Type of event: Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others:
- Title of the event: WORKSHOP ON DNA ISOLATION AND SEPARATION
- Name of the organising department: CENTRAL RESEARCH LABORATORY AND DEPARTMENT OF BIOCHEMISTRY
- Date and time: 17-02-2023
- Venue: CENTRAL RESEARCH LABORATORY, COLLEGE BLOCK, 1st FLOOR
- Number of delegates expected to participate (internal and external):
Internal: 25
External: NIL
- Contact person name and mobile number: Dr. R. RAJPRASATH
Intercom number: 2055

8. List of Resource person with complete details:

- Dr. R. BALAKRISHNA PATI, ASSISTANT PROFESSOR, DEPARTMENT OF BIOCHEMISTRY
- Dr. TRESA REMYA AT, RESEARCH SCIENTIST, CENTRAL RESEARCH LAB
- Dr. B. RAMYA, ASSISTANT PROFESSOR, DEPARTMENT OF BIOCHEMISTRY
- Dr. K. EKAKYA, ASSISTANT PROFESSOR, DEPARTMENT OF BIOCHEMISTRY
- Dr. R. RAJPRASATH, RESEARCH ASSISTANT, CENTRAL RESEARCH LAB
- Dr. S. SUGANYA, POST GRADUATE, DEPARTMENT OF BIOCHEMISTRY

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
PUDUCHERRY
305 107

9. Total anticipated income details: 6250/-
 Rs. 250 each from student participants
 From 25 students : 6250/-
10. Total anticipated expenditure details: 6250/-
 REAGENTS : 2500 BANNER : 700
 STATIONARIES : 1950
 SNACKS : 1100
11. Source of funding: Participants/ Management / Sponsorship
12. Sponsoring Agencies, if any: NIL
13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes/ No
14. Format of invitation / brochure and certificate of participation (please attach):
15. Additional information / Remark: KINDLY GRANT THE
AMOUNT 6250 RS. AS AN ADVANCE TO INITIATE
THE PROGRAMME. THE AMOUNT WILL BE
REFUNDED AFTER WORKSHOP.
16. Funding required from management: Yes/ No
 If yes, funding required: Rs. 6250 (in words) SIX THOUSAND TWO FIFTY ONLY

Note: Balance Money to be returned to SMVMCH.

[Signature]
 Chairperson
 Conference committee

[Signature]
 Member/Secretary,
 Conference committee
 Reg. No. 5957
 DEPARTMENT OF DENTISTRY
 Sri Manakula Vinayagar Medical College and Hospital
 Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

[Signature]
 HOD / Organising Secretary
 (Signature with seal)
 Biochemistry Department
 SMVMCH, Kalitheerthalkuppam,
 Puducherry.

Director
 SMVMCH

Dean
 SMVMCH

Registrar
 SMVMCH

TRUE COPY ATTESTED

Note: A copy of the proposal should be sent to IQA after Director/Dean approval.

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

Sri

MANAKULA



VINAYAGAR

Medical College and Hospital

Kalitheerthalkuppam, Madagadipet, Puducherry-605107

Central Research Laboratory in association with Department of Biochemistry

Cordially invite you to the workshop on 17th February 2023

DNA Isolation and Separation

Venue: Central Research Laboratory

Date: 17th February 2023

Workshop Consumables Charges Rs. 250/-

Registration Free [Click Here](#)

★ Selection is based on first come, first served
(Only 25 seats); E-certificate will be issued

Patrons

Shri. M. Dhanasekaran

Chairman and
Managing Director

Dr. K. Narayanasami

Secretary

Dr. D. Rajagovindan

Director

Dr. Kagne. R. N

Deputy Director & Dean

Dr. K. Karthikeyan

Dean (Academic)

Dr. G. Kalaiselvan

Dean (Research)

Dr. M. Pragash

Medical Superintendent

Organizing Committee

Dr. Asmathulla S. Professor & Head

Dr. Tresa Remya A. T. Research Scientist

Mr. R. Balakrishna Pai, Assistant Professor

Dr. B. Ramya, Assistant Professor

Mrs. K. Elakiya, Assistant Professor

Dr. S. Suganya, Post Graduate

Mr. M. Kaviraj, Research Associate

Mr. R. Rajprasath, Research Assistant

SECRET

CONFIDENTIAL

SECRET

Reference No.: 179 / 2023

Submission date and time: 7.02.2023

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

Outward No.:

Date:

To

The Director/ Dean,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Sub: Submission of proposal for conference / CME / Workshop / Guest lecture / Quiz / Day
celebration – Reg.

Official use only

1. Type of event:
Conference / CME / Workshop / Guest lecture / Quiz / Day celebration /
Others: PATIENT EDUCATIONAL INTERACTIVE MEET
2. Title of the event: PATIENT EDUCATIONAL INTERACTIVE MEET
3. Name of the organising department: NEPHROLOGY
4. Date and time: 14.2.2023 11:00 am - 1pm
5. Venue: BASEMENT AUDITORIUM HOSPITAL BUILDING
6. Number of delegates expected to participate (internal and external):
Internal: 75 - 100
External: _____
7. Contact person name and mobile number: Dr. P. RAVI KUMAR 9952082061
Intercom number: 1261/1245 (1245)
8. List of Resource person with complete details:
Dr. Thiagarajan Jhaudharan
CEO, TIDES, CHENNAI
Dr. Ginja Gopal
Prof. & HOD, MEDICINE

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHURAI, KALKUPPAM,
MADAGADI, PUDUCHERRY-605 007.

9. Total anticipated income details:

10. Total anticipated expenditure details:

snacks } 3,500 Rupees
Tea }

11. Source of funding: Participants/ Management / Sponsorship

12. Sponsoring Agencies, if any: _____

13. Accreditation from Tamil Nadu Medical Council / Any other agency: Yes / No

14. Format of invitation / brochure and certificate of participation (please attach):

15. Additional information / Remark:

16. Funding required from management: Yes / No

If yes, funding required: Rs. 3,500 (in words) Three thousand
and five hundred rupees only

[Signature]
Chairperson
Conference committee

[Signature]
Member / Secretary
Conference committee
Dr. R. Ganesan
Reg. No. 5957
TUTOR
DEPARTMENT OF DENTISTRY
Sri Manakula Vinayagar Medical College and Hospital
Kalthiethalkuppam, Madagadipet, Puducherry - 605 107.

[Signature]
Organising Secretary
(Signature with seal)
Sri Manakula Vinayagar Medical College & Hospital
Kalthiethalkuppam, Madagadipet, Puducherry - 605 107.

Director
SMVMCH

Dean
SMVMCH

TRUE COPY ATTESTED
Registrar
SMVMCH

Note: A copy of the proposal should be sent to IQAC after Director/ Dean approval.

DEPT. OF DENTISTRY
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALTHIETHALKUPPAM,
MADAGADIPET, PUDUCHERRY - 605 107.