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**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH (JIPMER)**  
(Institution of National Importance under Ministry of Health & Family Welfare, Government of India)  
Dhanvantri Nagar, Puducherry-605 006.

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**DEPARTMENT OF MEDICAL EDUCATION**

Dr. Z. Zayapragassarazan,  
Professor & Head,  
Department of Medical Education,  
JIPMER, Puducherry-6.

No.JIP/DME(40)/87<sup>th</sup>NC/2022  
Dated: 16.07.2022

To  
The Director/Principal/Dean of NMC Recognized Medical Colleges in India,  
Institutes of National Importance, etc.

Sir,

We are happy to inform you that the 87<sup>th</sup> National Course on Educational Science for Teachers of Health Professionals will be held from 26.09.2022 to 01.10.2022 (6 full-day course) as an **onsite face-to-face programme**.

In this regard, we would like to provide the following for your kind information:

1. You are requested to nominate two faculty members from different disciplines who are actively involved in Medical Education Unit (MEU) activities from your institution.
2. A course fee of Rs. 5,000/- (Rupees five thousand only) per participant will be charged. The nominees are requested to remit the registration fees through '**SBI Collect**' **only after receiving the selection letter** from us.
3. **The registration fee once paid is not transferable & non-refundable in any case.**
4. Participants will bear the expenses for travel, boarding and lodging on their own. However, the organizers will assist in obtaining economy AC accommodation on twin sharing basis in the campus on payment basis on request. No TA/DA will be paid by JIPMER in this connection.
5. Attendance on all days and for all sessions is mandatory for the issue of course completion certificate. Sessions are usually from 8.00 AM to 1 PM and 2 PM to 4.30 PM. However, at times the sessions may extend beyond 4.30 PM.
6. The scanned copy of the nomination forms in the requisite proforma should be mailed to **nttc.jipmer@gmail.com on or before 20.08.2022**.
7. Selection will be based on a first-come-first-serve basis, as only limited registrations are possible.
8. The intimation of selection will be sent to the e-mail address of applicants with a copy marked to their forwarding authority. **Further communication in this regard will only be through e-mails. Hence, the nominees are requested to check their inbox regularly.**
9. Early nominations will enable us to send the selection letter well in time and make necessary arrangements.
10. Participants are requested to prepare their travel plan only after receiving the selection letter.
11. An early action in this matter is requested.

With regards,

Yours sincerely,

Sd/-  
(Dr. Z. Zayapragassarazan)

Encl: Proforma

P.T.O

**Department of Medical Education**  
**(NTTC-National Teacher Training Centre)**  
**JIPMER, Puducherry – 605 006.**  
**87<sup>th</sup> National Course on Educational Science for Teachers of Health Professionals**  
**Onsite Face-to-Face Programme**  
**(26.09.2022 to 01.10.2022)**

Affix recent  
Passport  
Size Photo

**Proforma to be filled by the applicant**

1.	Name (in BLOCK LETTERS)		
2.	Date of Birth & Age		
3.	Gender		
4.	Designation		
5.	Department		
6.	Official Address		
7.	Postal Address for Communication		
8.	Phone Number (with STD code)	Office:	
		Res. :	
		Mobile:	
9.	e-mail address (preferably gmail) <small>(all future communication will be sent only to this ID)</small>		
10.	Qualifications		
11.	Total Teaching Experience (in years)	UG:	PG:
12.	Your present teaching responsibilities {UG/PG/Others (specify)}		
13.	Have you applied for this course before? If yes, Please provide the details	1. Year and month of the course applied for: 2. Please put a tick mark: Selected but not attended / Not selected	
14.	Please give the details of your family members or spouse if they have applied for this course		
15.	Any special training/qualification in educational science already undergone in India or abroad. (Specify)		
16.	Do you require economy twin sharing Accommodation in JIPMER Guest House on payment basis? <small>(AC accommodation will be provided only depending on the availability)</small>	Yes	No

Signature of the Dean / Principal / Director

Name:

E-mail ID:

Mobile:

Date:

Office Seal:

Signature of the Applicant

Date:

Place: