



Dean - Academics <dean.medical@kgmcindia.edu>

**Invitation for application from faculty for Advance Course in Medical Education (ACME) at KGMU for the session "ACME Jan- Feb 2024A" by 19th November 2023.**

1 message

Wed, Nov 8, 2023 at 12:22 AM

Department of Medical Education <department.medical.education@kgmcindia.edu>

To: Dean - Academics <dean.medical@kgmcindia.edu>

Cc: CFAR DEPARTMENT OFFICE <vimalavenkatesh@gmail.com>, Apul Goel <drapul.goel@gmail.com>, Rakesh KDixit <dixitkumarrakesh@gmail.com>, Amita Pandey <amita\_pandey@hotmail.com>

To,

**The Dean**  
Academics  
King George's Medical University,  
U.P., Lucknow

**For Circulation in all Faculty of KGMU**

Dear Madam,

This is for your kind information that the application for 2<sup>nd</sup> ACME course for the session "ACME- Jan -Feb 2024A" at Nodal Centre- King George's Medical University, UP, Lucknow are now invited in format attached. The contact session will be held from 31<sup>st</sup> Jan - 04<sup>th</sup> Feb 2024.

Preference will be given to-

1. MEU Coordinator
2. Medical Education Unit (MEU) faculty members
3. Curriculum Committee (CC) members

Applications complete in all respects must be submitted on email duly endorsed by the MEU Coordinator/NC, RC Convener and Principal/Dean of the college.

Last Date for submission of applications is 19<sup>th</sup> November 2023 on email "**department.medical.education@kgmcindia.edu**"

Thanking You,

(Prof. Vimala Venkatesh)  
Convener  
Nodal Centre- K.G.M.U.  
UP, Lucknow

Department of Medical Education  
King George's Medical University  
Lucknow, Uttar Pradesh

*Circulate to  
all Faculty members*

*Vini*  
19.11.23  
Dean  
Academics  
K.G. Medical University U.P  
Lucknow

# APPLICATION FORM NMC-ADVANCE COURSE IN MEDICAL EDUCATION (ACME)

National Medical Commission Nodal Center for Faculty Development  
..... Medical College,.....

Course dates: First contact session, \_\_\_\_\_, 2023  
Last Date for receipt of hard copies: .....

Affix latest  
Photograph

1. Name \_\_\_\_\_
2. Academic Designation & dept. \_\_\_\_\_
3. Institution                      Govt./Private                      Name:-----
4. Working in present institute since: \_\_\_\_\_
5. The present institute is recognized by MCI/NMC:    Yes/No
6. Qualifications: \_\_\_\_\_
7. Medical Council name and registration number: \_\_\_\_\_
8. Teaching experience in years in faculty position, assistant prof. onwards-----  
(If Assistant professor... certificate of teaching experience must be attached)  
Date of first joining as assistant prof. (full time): \_\_\_\_\_
9. Date of birth/Age: \_\_\_\_\_                      Gender: M /F
10. rBCW/BCME attended at: \_\_\_\_\_  
Dates -----Approved by MCI/NMC: Yes/No
11. Any other training in medical edu. \_\_\_\_\_
12. Are you a member of MEU of your college?                      (DOME if NC/RC)                      Y/N  
If yes, Designation: Coordinator/Member since .....  
(If yes, submit approved list of MEU with training details)
13. Are you a member of curriculum committee of your college?                      Y/N  
(If yes, submit approved list of CC with training details)
14. Contact details: Address with pin code-----  
Email : \_\_\_\_\_  
Telephone: \_\_\_\_\_                      Mobile: -----

15. Why do you want to apply for this course. Please write in 150 words.

16. After attending the course, what changes you want to make in medical education in your institution. Please write in about 150 words.

17. Please submit a curriculum innovation project proposal on the given headings (**applications without project will not be entertained**). The participants need to carry out this project in next 5 months at their institutes (doable part initially). If selected, this proposal will be discussed and further refined during the first contact session.

- a. Title of the project:
- b. Why is the idea necessary?
- c. Brief literature review in 200 words
- d. Methodology
- e. How will you measure the outcome?
- f. What will happen after 5 years if this innovation is implemented?

Has the project been discussed in MEU (DOME incase of NC/RC) Yes/No  
& with Principal/Dean Yes/No

If any of the above points (1-17) is not marked Y/N or information is not filled, the **application will not be considered. No reminder/communication will be sent for incomplete applications.**



**Declaration**

- I have understood that this course is of 6 months duration, which includes two contact sessions at the Nodal Center and an online learning phase of 5 ½ months using email/other online channels. I agree to complete the mandatory requirements for the course as given below;

**Mandatory course requirements**

- Attendance at two onsite sessions of 5 and 3 days each
  - Timely submission of the participant's final project proposal final project report, final poster and e-portfolio
  - Participation in the online discussions with a minimum of two academic posts per week
  - Moderation of a discussion under faculty guidance during the allotted topic
  - Record keeping of the discussions as allotted
  - Summarizing the discussions as allotted
  - Presentation of completed project work
  - Attending BCME (one day)
- I have also understood that my performance in all the components will be monitored by the faculty and/or NMC Monitoring committee. I will need to repeat one or more requirements of the program if I fail to show a satisfactory performance in any of the above mentioned mandatory requirements within a specified time as provided.
  - There will be no refund of fee for any reason after selection. If I fail to complete the program within a period of 12 months from the date of my enrollment, I will not be able to enroll for the program again at any of the Nodal Centers of NMC in India for the duration as decided by NMC.
  - If selected for the course, I will sign the necessary undertaking. I will be able to start the course only after submission of the undertaking duly signed by me and the Principal/Dean.
  - If I join a different college (MCI/NMC recognised) during the period of the course, I will inform this to the Convener of the Nodal Center and submit a fresh undertaking duly signed by the Principal of the new college. If I do not inform and submit required documents within a month of change, my course will be terminated.
  - I confirm my commitment to contribute to Medical Education.
  - I have read and discussed guidelines and requirements of the course with MEU coordinator/RC convener & Principal. I understand that applying for course does not guarantee selection. In case of non-selection, I will not send any direct communication/messages to Nodal center for asking reasons, but will discuss to improve my application with MEU coordinator/NC, RC convener.
  - Change in dates of course due to NMC approval will be acceptable to me.

Name ----- Signature ----- Date-----

**Forwarded by MEU Coordinator/NC,RC Convener**

( I have read & discussed application with Principal & applicant):

Name ----- Signature ----- Date-----

**Recommendations by Principal**

Dr. .... working as ..... in the department of ..... on a full time post since ..... Is nominated for the Advance Course in Medical Education Course at NMC Nodal Center, ..... Medical College, ..... The nomination has been discussed with MEU coordinator/NC, RC convener based on regulations including priority training of MEU/CC members and training of 30% faculty of college spread over specialties. A list of college faculty trained/undergoing ACME is enclosed\*. The details provided by the applicant in the application form are correct as per our records. He will be relieved, if selected, to participate in both contact sessions and other required activities. The institution and participant agree by the NMC criteria on mandatory participation, during on-site and on-line sessions, and also agree that in cases of default, the participant will not be called for second session and will not be given Certificate of Participation/completion.

Name of Principal:

Signature of Principal:

Date:

Office Stamp

Contact details of the Principal: Email: -----Tel: -----

* The List of ACME trained/undergoing/ not completed					
S No	Name	Department	ACME Batch & Name of Nodal Centre	Certificate received/ Completed/ Not completed	MEU coordinator/ MEU or CC member. Pls specify
1					
2					

Add rows as needed. The above list must be signed by MEU coordinator/NC/RC Convener and Principal

**Important information**

Applicant must have a working knowledge of MS Word, PowerPoint and Excel.

Form will not be accepted without registration fee, copy of certificate of approved rBCW/BCME & experience certificate (if assistant prof).

Registration fee details are available on NMC website.

No refund shall be entertained if cancellation request is received after selection.

**Checklist: (Tick):** rBCW/BCME certificate Y/N, Experience certificate Y/N (for AP only), All rows/boxes filled Y/N; Required signatures Y/N: List of ACME trained....Y/N, Curriculum innovation project proposal Y/N: Application discussed Y/N



कार्यालय कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश, लखनऊ।

संख्या: 2021

सम्पत्ति अनुभाग/2021

दिनांक: 05/11/21

चीटिस

एतद्वारा सूचित किया जाता है कि किंग जार्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश, लखनऊ का 19वां वार्षिक समारोह दिनांक 11.12.2021 को घात 11:00 बजे से Atal Bihari Vajpayee Scientific Convention Centre, King George's Medical University UP, Chowk, Lucknow में आयोजित किया जाएगा।

अतः उपरोक्त के क्रम में एमडी/बीओएस/बीओएस/नर्सिंग एवं एमडी/एमएस/डीएम/एमसीएस/एमडीएस के एकादश/उपाधि प्राप्त करने वाले समस्त छात्र/छात्राओं को विनियमित किया जाता है कि वह 19वें वार्षिक समारोह में प्रतिभाग करने के लिए दिनांक 30.11.2021 को रात 8.00 बजे तक कुलसचिव कार्यालय में लिखित सूचनाएं/अनुभाग में अपनी उपस्थिति दर्ज करा दें।

उपरोक्त के अतिरिक्त उक्तोने मह भी सूचित किया जाता है कि वह 19वें वार्षिक समारोह में ओईसी (online) सूची/सीडी अनुभाग से चीटिस जारी होने की तिथि से दिनांक 05.12.2021 तक रु० 200/- online payment in University Income Fund A/c No. 20229840433 IFSC Code IDIB000K056 जमा कर प्राप्त कर सकते हैं।

(रिखा परा चौहान)  
कुलसचिव

वितरण-  
चीटिस पुस्तिका।

संख्या 2021/जीएमएस/सम्पत्ति अनुभाग/2021

तद्विनांक:-

- प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित:-
1. अधिकाता चिकित्सा/दन्त विज्ञान/पैराओडिकल/नर्सिंग स्कॉलर/छात्र कल्याण, कै०जी०एम०यू०३०५०लखनऊ।
  2. विल अधिकारी, किंग जार्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश, लखनऊ।
  3. समस्त विभागाध्यक्ष (दन्त विज्ञान/नर्सिंग स्कॉलर सहित) कै०जी०एम०यू०३०५०लखनऊ को इस अनुरोध के साथ प्रेषित कि वह अपने स्तर से भी छात्रों को उपरोक्तानुसार सूचित करने की कृपा करें।
  4. मुख्य चिकित्सा अधीक्षक/चिकित्सा अधीक्षक/अधीक्षक (दन्त) गांधी स्मारक एवं सम्बन्धित चिकित्सालय, कै०जी०एम०यू०३०५०लखनऊ को इस अनुरोध के साथ प्रेषित कि वह अपने स्तर से नर्सिंग स्टाफ को उपरोक्तानुसार सूचित करने का कष्ट करें।
  5. मुख्य चिकित्सा अधीक्षक, रामा सेन्टर, कै०जी०एम०यू०३०५०लखनऊ।
  6. समस्त प्रधानाचार्य, संबन्धित राजकीय मेडिकल कॉलेज/नर्सिंग कॉलेज।
  7. प्रधानाचार्य कै०जी०एम०यू० कॉलेज ऑफ नर्सिंग, कै०जी०एम०यू० ३०५०, लखनऊ।
  8. समस्त प्रोवोस्टर, कै०जी०एम०यू० ३०५०, लखनऊ।
  9. समस्त संकाय प्रभारी सहायक: रोग विभाग सरोजनी नगर/गाति बाघरा, कै०जी०एम०यू० ३०५०लखनऊ।
  10. प्रभारी केन्द्रीय पुस्तकालय, कै०जी०एम०यू० ३०५०लखनऊ।
  11. मुख्य प्रान्टर, कै०जी०एम०यू० ३०५०लखनऊ।
  12. प्रभारी समस्त अनुभाग, कुलसचिव कार्यालय/कुलपति कार्यालय, कै०जी०एम०यू० ३०५०लखनऊ।
  13. मा०कुलपति जी के निजी सचिव को।

(रिखा परा चौहान)  
कुलसचिव

PS  
21/11/21