

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)
Proforma for The ‘Medical Scientists Exchange Programme’ for Training of
Junior and Middle-Level Medical/Bio-Medical/Teachers and Scientists

**(To be submitted through proper channel from
Head of the Institutions of Applicant)**

I

(1) Name:

(2) Date of Birth.....

(3) Qualifications:

S. No	Qualification	Year	Subjects	University / Institution
1	MBBS			
	MCI Registration Number			
2	Postgraduation Qualification (MD/ MS/ M.Sc./ M.Phil./ MDS/MPH / or equivalent)			
3	Post Doctorate DM, M.Ch, PhD, D.Phil. or equivalent			
4	Membership of NAMS /MNAMS			

(4) Present designation and address

(5) Permanent Staff or Contract Staff.....

(6) Experience in area in which training is required:
(furnish all details and use extra sheet if needed).....

My Contact details are as below:

1	Address for communication	
	District	
	State	
	Pin code	
2	Permanent Address	
	District	
	State	
	Pin code	
3	Mobile number	
4	Email Id	

II ESSENTIAL INFORMATION

1. Name of Sponsoring Institution/ Medical College/Biomedical Institution of applicant.

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2. Name of Head of the Department/ Medical College/Biomedical Institution.....

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3. Area of specialization in which training is required.

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4. Duration of training: No. of days.....

Period: from..... to

5. Specialty/Area of subject in which training required:

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6. Location & Name of institution where training is to be undertaken.....

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7. Copy of consent letter from Head of **host institution**: Yes/No

Note: Kindly attach a copy of the consent letter from the Head of Host Institution where training is to be undertaken.

Kindly note that application will not be processed if consent letter from the host institution where training is desired is not attached.

III TECHNICAL INFORMATION

Justification

a. Please provide background of proposed training and state how it is justified to sponsoring institution.

b. Please mention in sequence of training undertaken in the past and to be undertaken in future

c. State how the present training is expected to help the host institution.

Specific objectives

Please state clearly the objective of the proposed training and its relevance to institution / department / individual development.

Signature of the Nominee

(Add additional sheet/s if space is insufficient)

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NOMINATION

The

(Name of Institution/ Nominating authority)

Nominates

(Name of Applicant)

for a short-term training NAMS grant. I certifying that on completion of specialized training, the above-named applicant will return to the Institution and will be placed in the Department... ..

.....

Signature of Head of the Sponsoring Institution

(SEAL)

No.,Place , Date.....