

## **NMC Nodal Centre for Faculty Development**

KLE Academy of Higher Education and Research Jawaharlal Nehru Medical College, Belagavi, Karnataka



Phone: (0831) 2471350 Fax No: 0831 – 2470759

E Mail: mcinodalcentre@jnmc.edu, Web site: www.jnmc.edu

## **Application Form for ACME (Advance Course in Medical Education)**

Name in Full ( Block Letters)	
Designation, Department	
Name of the Institute and Place with state	
Details of Revised Basic MET workshop ( Date, Place and Name of regional center) (Photocopy of Certificate to Must be attached)	
Teaching Experience in year (Post MD /MS) (if Assistant Professor must attach minimum 3years teaching experience Certificate)	S
Additional Details:	
Member of MEU (if yes attach a proof)	
Presentations & publications related to Medical Education only (Not speciality related)	
Faculty in Basic Course     Workshop and other     educational workshops     (Please attach all proofs)	
Awards/ Honors in medical education related activities only (attach proof if any)	



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<b>Contact Details</b>	Institutional Phone No:
	Personal Mobile No:
	Email:
	Postal Address:
	Postal Address:
Teacher ID from NMC	
Website:	
Remarks &	
recommendations of MEU	
Co-ordinator with	
Signature	
C' 4 CD ' 1	
Signature of Principal	
*T	L he to be cent along with application

Two passport size recent photographs to be sent along with application.

\*\* DD of Rs.15,000/- Drawn in favor of " The Registrar, KLE University for JNMC, Belagavi" payable at Belagavi to be attached. Each candidate should send a separate DD. Combined DD's will not be Considered.