

APPLICATION FORM

NMC-16th Advance Course in Medical Education (Batch- 2025A ACME)

National Medical Commission, Nodal Center for Faculty Development
Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha (MS)
(email- jnmcnodalcentre@gmail.com)

Affix latest
Photograph

Imp dates:

First contact session: 11th Feb 2025 to 15th Feb 2025 (*Tentative dates*)

Last Date for receipt of application: On or before 30th Nov 2024 (Midnight)

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1. Name of faculty applicant:
 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. (fulltime):
 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 -i) in MEU (DOME in case of NC/RC) - Yes/No

&ii) with Principal/Dean - Yes/No

If any of the above points (1-17) is not marked and Yes/No 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:

<p><u>Mandatory course requirements</u></p> <ul style="list-style-type: none">-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)
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- 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 recognized) 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.
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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 MSWord, PowerPoint and Excel.

-Form will **NOT** be accepted without registration fee (if selected), copy of certificate of approved **rBCW/BCME** and Experience certificate (if Assistant prof).

- Registration fee details are available on NMC website (for reference)
- No refund shall be entertained if cancelation request is received after selection of faculty applicant.
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Checklist:(Tick):

- i) rBCW/BCME certificate Y/N,
- ii) Experience certificate Y/N(for AP only),
- iii) All rows /boxes filled Y/N;
- iv) Required signatures Y/N:
- v) List of ACME trained....Y/N,
- vi) Curriculum innovation project proposal Y/N:
- vii) Application discussed Y/N