

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(ACADEMIC SECTION)**

F.No. 9-2/2016-17-Acad.II

April 18, 2017

OFFICE MEMORANDUM

Subject:-Submission of 61st AIIMS Annual Report for the year 2016-17 (01. 04. 2016 –31. 03. 2017).

All Chief of Centres/Heads of Departments/Units/Sections are requested that the consolidated report pertaining to their Centre/Department/Unit/Section including those faculty members for the financial year 2016-17 may kindly be **sent by 10. 5. 2017 to the Academic Section** by email: annualreport.aiims@gmail.com as per the enclosed format. The report is required to be submitted in a word file which has a tabular format as enclosed.

it has been decided by the Competent Authority that in case the Department/Centre does not submit the Annual Report within the given time frame i.e. by 10th May, 2017, the following actions may be taken :-

- (a) The departmental budget allocation for the financial year 2016-17 may be withheld
- (b) Faculty members who have not submitted their report may not be allowed to proceed on Summer Vacation for the year 2017.
- (c) The Annual Performance Appraisal Report of faculty members who have not submitted their Annual Report may not be accepted.

This issues with the approval of Director


REGISTRAR

Encl:- As above

Distribution: - All Centre/Departments/Units/Section
Copy to :- PS to Director/DDA/Dean/MS/Sr. F.A.

Sayan Kumar
24/4

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
61st AIIMS Annual Report, 2016-2017
Format

To be submitted in a word file. To be collated and submitted by Chief of Centre, Head of Department, Head of Section, Head of Facility, etc.

FACULTY AND STAFF

Full names and designations of faculty members of the department in order of seniority should be provided. Full names and designations of group A officers may be provided. Please do not provide names of any other employees.

HIGHLIGHTS

Please provide a paragraph of a maximum of 250 words highlighting the major activities of the department in the past year. A high-resolution photograph of a key event/activity may also be provided separately

EDUCATION

Please provide a list all the academic activities including undergraduate, postgraduate, paramedical teaching, short term/long term training and innovative educational activities. Please mention changes during the year. Please DO NOT state "... continued to take class for undergraduate, postgraduate,..."

CMEs/Workshops/Symposia/National and International Conferences

Please provide a list of events organized by the department. For each event please provide: **Name of the event, date and city.**

Lectures delivered at CMEs, National and International conferences (all lectures, invited talks, plenary lectures, guest lectures *except* named Orations are to be listed here) A filled up example is provided in the first row

Name of faculty member					
S. No.	Title of talk	Name of the CME/conference	Date	Venue	City
1.	Cough in the elderly	XI National Conference of Association of Cough specialists	12 April 2014	ABC Medical College	Hapur

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Please ADD more rows if needed

List of oral papers/posters presented (This list should be in chronological order) A filled up example is provided in the first row

S. No.	Authors	Title of presentation	Name of the conference	Date	Venue	City
1.	Agarwala S, Sharan P, Sahni P.	How to prepare an annual report	II Conference of Annual Report preparers	17 May 2014	ABC Medical College	Hapur

Please ADD more rows if needed

If any award has been won please place * against it and elaborate here (e.g. * Best paper award)

RESEARCH
Funded projects
Ongoing

S. No.	Title of the project	Name of Principal Investigator	Funded by (Name of funding agency)	Duration (years)	Start year–End year	Total funds sanctioned (Rs)

Completed

S. No.	Title of the project	Name of Principal Investigator	Funded by (Name of funding agency)	Duration (years)	Start year–End year	Total funds sanctioned (Rs)

Please include only those projects in which you are the principal investigator

Departmental projects (including thesis/dissertations)

Ongoing (Please do not list faculty/guide/candidate names or whether it is a PhD, DM, MD thesis, etc.)

S. No.	Title of the project

Completed

S. No.	Title of the project

Collaborative projects

Ongoing (Please do not provide faculty names)

S. No.	Title of the project	Collaborating department/institution

Completed

S. No.	Title of the project	Collaborating department/institution

[illegible][illegible][illegible]

- [illegible]

[illegible][illegible][illegible][illegible][illegible]

- [illegible]

- [illegible]

[illegible][illegible]

4. List of *edited books and monographs*.

Books

Author(s). *Name of Book* (in italics). Edition. City of Publication: Publisher; Year of publication.

S. No.	Authors	Name of the book	Edition	City of publication	Publisher	Year of publication	First-Last page

PATIENT CARE

In patient care/supportive activities include information regarding: (a) facilities available in the department (including special clinics and/or special laboratory facilities (b) community services/camps etc.

AWARDS, HONOURS AND SIGNIFICANT EVENTS

List only awards, honours and named orations of national and international repute, conferred (non-elected) memberships of fellowships, offices of the international and national societies and journals. Do *not* list lectures delivered at CMEs and conferences. Also include any major academic activity which is not included under teaching, research and patient care activities. Workshops, symposia etc. already under CME, should not be repeated under this section. These can also include membership of Programme Advisory Committee, Scientific Advisory Committee, Research Advisory Committee, Government Advisory. Please limit this information to a maximum of 500 words.

VISITING SCIENTIST

Provide the name, Institutional affiliation, city and country of persons visiting with official approval.