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

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

April 18, 2017

#### OFFICE MEMORANDUM

Subject:-Submission of 61<sup>st</sup> 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 10<sup>th</sup> May, 2017, the following actions may be taken:-

- (a) The departmental budget allocation for the financial year 2016-17 may be with held
- (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

Encl:- As above

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

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## 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.

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

## HIGHLIGHTS

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

### EDUCATION

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

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

		1. Cough ir	S. No. Little of talk	2 31	Name of faculty member
		n the elderly	Talk		member
	Cough specialists	ence of Association of		Name of the CMF/conference	
		12 April 2014	10 4 11 0014	Date	
		ABC Medical Concess	ADC Madical Callege	Venue	
		ı înbai	Напи	CITY	<u> </u>

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

10						
S. No.	S. No. Authors	Title of	Name of the conference	Date	Venue	City
		presentation				
	Agarwala S, Sharan P,	How to prepare an annual	Agarwala S, Sharan P, How to prepare an annual II Conference of Annual Report	17 May 2014	17 May 2014 ABC Medical College	Hapur
	Sahni P.	report	preparers			
<u> </u>						

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.
					project	Title of the
				Investigator	Principal	Name of
			agency)	funding	(Name of	Funded by
					(years)	Duration
				year	year-End	Start
:			(Rs)	sanctioned	funds	Total

#### Completed

			0			
(Rs)			agency)	•		
sanctioned	year		funding	Investigator		
funds	year-End	(years)	(Name of	Principal	project	
Total	Start	Duration	Funded by	Name of	Title of the	S. No.

Collaborating department/institution	Completed S. No. Title of the project
Collaborating department/institution	Collaborative projects  Ongoing (Please do not provide faculty names)  S. No. Title of the project
	Completed S. No. Title of the project
her it is a PhD, DM, MD thesis, etc.)	Departmental projects (including thesis/dissertations)  Ongoing (Please do not list faculty/guide/candidate names or whether it is a PhD, DM,  S. No. Title of the project
vestigator	Please include only those projects in which you are the principal investigator

## PUBLICATIONS

author, communicating author or any other category of author. All articles in which the departmental faculty is involved should be listed here, irrespective of whether they are first

Papers published in journals listed in MEDLINE, PubMed Central, Science Citation Index and those published in Open access journals. Please provide details as per the ICMJE style (see www.icmje.org)

## If Six or fewer authors

Pubmed) Year; Volume No.: First-Last page. Author 1, Author 2, Author 3, Author 4, Author 5, Author 6. Title of the article. Name of the Journal (as abbreviated by

## If More than six authors

Pubmed) Year; Volume No.: First-Last page Author 1, Author 2, Author 3, Author 4, Author 5, Author 6, et al. Title of the article. Name of the Journal (as abbreviated by

department contributor, et al. The rest of the format will remain the same Please note: In case the contributor/author from the department is at sequence >6 then please provide 6 names, ... name of

Please note: Style same as above 2. List of abstracts published in journals. Please do not list abstracts published in conference proceedings

## List of chapters in books

Publisher; Year: first page-last page. Format: Author of chapter. Chapter title. In: Name of editor(s). Name of the book (in italics). Edition. City of Publication:

		No.	Š
		chapter	Author(s) of
		title	Chapter
		editor	Name of Name of Edition City of
	book	the	Name of
			Edition
		publication	City of
			Publisher
		publication	Year of
			First-Last page
			chapter title editor the book publication

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
		publication	City of
			Publisher
		publication	Year of
			First-Last page

## PATIENT CARE

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

## AWARDS, HONOURS AND SIGNIFICANT EVENTS

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

## VISITING SCIENTIST

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