



राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)

आरोग्यम् सुखसम्पदा

National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067

दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773

फैक्स: 91-11-26101623 ई.मेल: info@nihfw.org

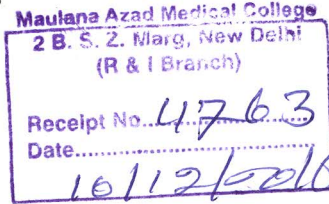
वेब साईट: www.nihfw.org

Baba Gangnath Marg, Munirka, New Delhi-110 067

Phones: 91-11-26165959, 26166441, 26188485, 26107773

Fax: 91-11-26101623 E.Mail: info@nihfw.org

Web Site: www.nihfw.org



D.O. NIHFw/E&T/C.D/2016-17
Date: 06th December 2016

To,

Director/Principal
Maulana Azad Medical College
Bahadur Shah Zafar Marg
New Delhi-110002

Sub: "Training Course on Curriculum Design and Evaluation for Faculty Members of Training Institutions" from 9th -13th January 2017

Dear Sir/Madam,

As you are aware that National Institute of Health and Family Welfare (NIHFw) an apex institute under the Ministry of Health and Family Welfare, Government of India is working in the field of research and training activities pertaining to the health and family welfare in the country. In this context "**Training Course on Curriculum Design and Evaluation for Faculty Members of Training Institutions**" is being conducted for the faculty of SIHFw/Collaborating Training Institutions, Medical Colleges, Nursing Colleges, Training Institutes, as per the schedule given below:

Date	Last Date Nomination	Contact Officer	Telephone	E-Mail I.D.
9th -13th January 2017	19.12.2016	Prof. A.K. Sood	011-26107773/ Ext.314/313 9868401660	sood_kumar_ajay@yahoo.com

A brochure regarding the training programme is enclosed for your reference.

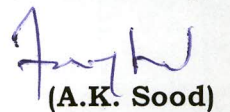
You are requested to nominate 2-3 persons from your institute / organization for the above-mentioned course. **It is important to give contact details (Telephone/E-mail) for confirmation of nomination by NIHFw.**

A course fee of ₹5000/- (₹Five Thousand only) per person in the form of bank draft in favour of Director, NIHFw, payable at New Delhi along with nomination form is to be submitted for each nominee. The TA/DA is to be borne by the sponsoring organization. Hostel facility will be provided to the participants on prior request as per rules at nominal charges.

The participants are requested to make travel plans only on receipt of a letter of confirmation/E-mail/Telephone for participation from NIHFw.

With regards,

Yours sincerely,


(A.K. Sood)

Course Coordinator

Copy to:

7. Head of Department, Community Medicine

400

10/12/16

13/12/16

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Handwritten notes and signatures:
Puc per department
Coordinator path
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