



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय,

सैफई, इटावा -206130 (उ०प्र०)

U.P. University of Medical Sciences

Saifai, Etawah -206130 (U.P.)

Ref. No: 2552/UPUMS/Nursing(10)/23-24

Date: 06.10.2023

OFFICE ORDER

Teaching Faculty Members participating in International, National and state Level Workshop / Hands on Training/ Trainer of Trainee (TOT) are required to conduct Training session for faculty members in their respective departments and also directed to prepare the following records & submit it to the HOD/ Dean.

1. Office Order
2. Programme / Training schedule approved by Dean/HOD if applicable
3. Attendance sheet - In the following Format

**Faculty of Medicine/Paramedical/Pharmacy/Nursing
ATTENDANCE SHEET**

Name of the Trainer (Faculty):

Date:

Topic:

Department:

S.No	Name of the Teaching Faculty	Designation	Signature

Signature of Trainer

Signature of HOD

Signature of Dean

4. Contents of Presentation (PPT, Study Materials etc)
5. Geo Tag Photographs.
6. Report of Training/Session

**DR. PRABHAT KUMAR SINGH
VICE CHANCELLOR**

COPY TO:

1. The Dean, Faculty of Medicine, UPUMS
2. The Dean, Faculty of Pharmacy, UPUMS
3. The Dean, Faculty of Nursing, UPUMS
4. The Dean, Faculty of Paramedical, UPUMS
5. NAAC Coordinator
6. CAC Department- Upload in the website

**DR. PRABHAT KUMAR SINGH
VICE CHANCELLOR**