

4/14/2018

Chennai

From

The Course Coordinator
Dementia Update for the Practitioner
Department of Medicine
Sree Balaji Medical College
Bharath Institute of Higher Education and Research,
Chennai

To

The Dean
Sree Balaji Medical College
Bharath institute of Higher Education Research,
Chennai

Sub: -Permission to conduct value- added course: Dementia Update for the Practitioner

Respected sir,

With reference to subject mentioned above, the Department of Medicine proposes to conduct a value- added course titled: Dementia Update for the Practitioner

We kindly solicit your kind permission to commence the program.

Warm Regards,


Course Coordinator

SREE BALAJI MEDICAL COLLEGE & HOSPITAL

CHROMPET CHENNAI -600044

Date: 4/19/2018

R. No 128 /SBMCH/2018

CIRCULAR

Notification for Value added courses offered by the Department of Medicine

The **Department of Medicine** of Sree Balaji Medical College is scheduled to offer a Value added Course on **Dementia Update for the Practitioner** from 5/9/2018 for a period of 3 weeks. Interested students can approach the Head of Department of Medicine and Course Coordinator, for registration and for further details on or before 5/4/2018.

Eligibility-MBBS STUDENTS


Course Coordinator


HOD

Copy to:

Dean office

Vice Principal

Medical Superintendent

AO College

CORSE FEEDBACK FORM

Date:

Course Title: DEMENTIA UPDATE FOR THE PRACTITIONER

Name: ANSHIYA DEVI. K.

RegNo: 10

Department: PSYCHIATRY

S.NO	Particulars	1	2	3	4	5
(1. Very Unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied)						
1.	Objectives of the course clear to you			✓		
2.	The course contents met with your expectations				✓	
3.	The lecture sequence was well planned					✓
4.	The lecturers were clear and easy to understand				✓	
5.	The teaching aids were effective				✓	
6.	The instructors encourage interaction and were helpful					✓
7.	The level of the course					✓
(1. Very poor 2. Poor 3. Average 4. Good 5. Excellent)						
8.	Overall rating of the course:	1	2	3	4	✓5

Please give suggestion for the improvement of the course:

Weakness of the course:

Strength of the course:


Signature

Thank you

CORSE FEEDBACK FORM

Date:

Course Title: *Dementia update for practicioner*

Name: *Archana . K. P.*

RegNo:

Department: *Psychiatry*

S.NO	Particulars	1	2	3	4	5
(1. Very Unsatisfied 2. Unsatisfied 3. Neutral 4. Satisfied 5. Very satisfied)						
1.	Objectives of the course clear to you					
2.	The course contents met with your expectations					
3.	The lecture sequence was well planned					
4.	The lecturers were clear and easy to understand					
5.	The teaching aids were effective					
6.	The instructors encourage interaction and were helpful					
7.	The level of the course					
(1. Very poor 2. Poor 3. Average 4. Good 5. Excellent)						
8.	Overall rating of the course:	1	2	3	4	5

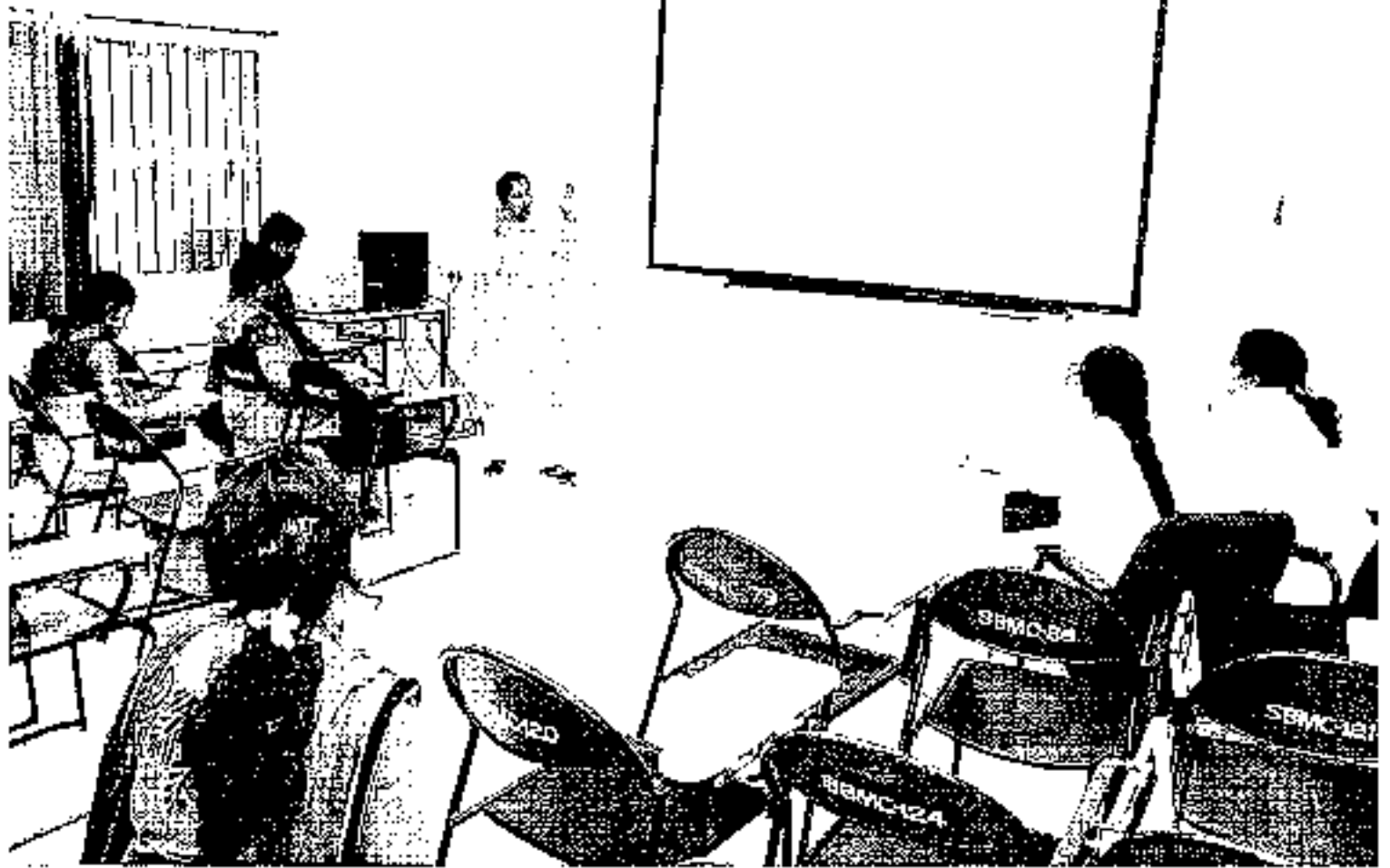
Please give suggestion for the improvement of the course:

Weakness of the course:

Strength of the course:


Signature

Thank you



Dementia Update for the Practitioner

Student Name List

Sl.No.	Name	Sl.No.	Name
1	VEENA KRISHNA	31	LOKESH K
2	VIGNESH P	32	MOKSHA DAYNE D
3	VIKAASH K S	33	NANDINI B
4	VINITIUM V	34	PAVITHRA BELAKATHI M
5	VINOOTH G	35	PRABHAVATHI D
6	YASHOPRIYADARSHINI V R		
7	ARUN VIJAYANANDE A		
8	BRIFA TOSHI L		
9	NAJEEB AHMED		
10	VI.VARAMKUMAR V		
11	AMIR ALI KHAN N		
12	KAVITHA D		
13	PARKAVIN P		
14	AARTHI M		
15	ABITHA V		
16	ANUSHA A		
17	ARVINDH SHIVA J		
18	ASMATI SULTHANA S		
19	BASNETTY INDRANI		
20	DHARSHINI K A		
21	ESTHER JEGA RAANI R		
22	HARISH A		
23	HARSHINI A		
24	HEMA MALINI S		
25	KAVIN KUMARAN C		
26	KHADEEJA BEGUM Z		
27	KIRTHANA R B		
28	KISHALI P		
29	KOCHU KOZA		
30	PRATHEEKSHA V		