

COURSE AND CURRICULUM COMMITTEE

GUIDELINES

- Aim** : **To review and approve the course and curriculum for NIMS**
- Procedure** : **Committee will evaluate and consider the various courses proposed by NIMS faculty**
- Application** : **Application must be submitted in prescribed format only (in duplicate).**
Incomplete information will not be considered for approval
- Composition** : **The Course and Curriculum Committee will have four members including Dean and Sub-Dean, if needed expert may be invited to provide necessary guidance.**
- Meeting Frequency** : **Once in 2 months.**

APPLICATION FOR COURSE AND CURRICULUM APPROVAL

Name of Department :

Proposed by Course coordinator : **Dr.**

Designation :

Title of the Course :

Duration of course :

No. of students to be Admitted / term :

Eligibility / Qualification for admission :

Selection procedure for admission :

Other departments of NIMS participating in training : **Yes / No ***
(If yes – give details)

Department :
1.
2.
3.
4.

Any other institute participating in the training : **Yes / No. ***
(If yes give details)

Other Institutes
1.
2.
3.
4.

*** Please submit the written acceptance letter from individual and institute, alongwith application.**

Signature of the Course Co-ordinator

Date:

Detail course contents including topic wise details, number of classes and their duration:

Signature of the Course Co-ordinator

Date:

Curriculum for theory and practical classes in detail :

Signature of the Course Co-ordinator

Date:

Details of Syllabus for examination (paper wise) :

Signature of the Course Co-ordinator

Date:

- **Experimental training if any**
-
- **Duration of posting in various departments**
-
- **Frequency of classes / week**
-
- **Procedure for conduct of examination, types of question paper, marks distribution, percentage of marks for passing the examination.**
- **Any post final examination training.**
- **Internship program - Yes / No. (If yes duration_____)**
- **No. of internal examiners and external examiners required**
- **Course needs – MCI recognition - Yes / No**
- **Statutory regulatory body (eg. Medical Council of India (MCI), Nursing Council of India etc.**
- **Proposed fee structure : Rs._____**
- **List of journal and books recommended for the course.**

Signature of the Course Co-ordinator

Date:

**INDIVIDUAL ACCEPTANCE LETTER FROM FACULTY FROM OTHER
DEPARTMENT / INSTITUTES WILLING TO PARTICIPATE IN
PROPOSED TRAINING / COURSE**

**I Dr..... working in the department of
..... is willing to participate in the following
course proposed by the Department of,
Nizam’s Institute of Medical Sciences and will provide all necessary input for
smooth conduct of course.**

**Course Title “_____”
Department of NIMS proposing the course _____**

Name of the Faculty giving consent :

Name of the Department

Name of the Institute :

Signature :

Date:

Signature of the Course Co-ordinator

Date: