

DEPARTMENT OF PSYCHIATRY
REGIONAL INSTITUTE OF MEDICAL SCIENCES,
IMPHAL.

No.19/Psy/IV/81/86

Imphal the 3rd March, 2017.

To

The Dean (Academic)
Regional Institute of Medical Sciences,
Imphal.

Subject : - Submission of monthly patient O.P.D. attendance
and theory classes and lecture schedule.

Sir,

With reference to No.B/1737/2016-RIMS dated 21st October 2016
I am submitting herewith the details of O.P.D attendance and admission and discharge.

This is submitted for your kind perusal and acknowledgement.

With warm wishes.

Encloser:

All the performas duly
filled up - 2 pages.

Yours faithfully,



(Dr. N. Heramani Singh)
Prof. & Head,
Department of Psychiatry,
RIMS, Imphal.



Formats for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee

A. Faculty Data

Name	DOB DD/MM/YYYY	Designation	Date of Joining/ Promotion to the present post	Date of resignation/ Transfer	Indian Medical Registration No. (for postgraduate courses)

*Subramanian
Assistant*

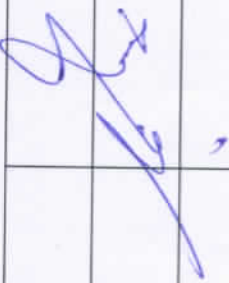
B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month before the 1st day of every month.

Semester	Month	Date	Time	Topic	Faculty

*Already
Submitted*

Signature

C. Monthly Teaching Report for the month ... *February* 2017

Semester	Date	Time	Topic	Faculty	Class conducted (A) or not (B)	If cancelled, reason thereof	No. of Students on roll	No. of students who actually attended the class
VIII	23/02/17	8:00 AM			(A)		1-85	59

D. Cumulative Report for Teaching for the month 2017

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (>2times)	Reason(s) for cancellation of classes, if any



