## ACTIVITY REPORT

1.	Name of the activity	World Leprosy Day		
2.	Occasion (if any)	World Leprosy Day		
3.	Organizing department/s	Dept. of Dermatology		
4.	Activity Coordinator	Dr. Rajendra Shinde (Prof. & HOD)		
5.	Date & Time	30 <sup>th</sup> Jan.2024 12 pm to 1 pm		
6.	Venue / Place	MIMER Medical College & BSTR Hospital		
7.	E mail / Circular about the event  (mentioning Date, time, venue, guest, speaker, faculty etc.)	Attached		
8.	Pamphlet/Flyer	Not attached		
9.	Total number of participants/beneficiaries/ Viewers	25- 30		
10.	Attendance (if applicable)	No		
11.	Faculty/Team involved	Dept.of Dermatology		
· 12.	Coloured geo-tagged photos (2 to 4)	Attached		
13.	Brief summary of the event in around 100 words (purpose, conduct, feedback, impact, suggestions etc.)	Purpose of World leprosy day program is to make aware society about this stigmatized disorder  1. It was conducted by depicting posters about – signs, symptoms treatment in OPD complex prepared by interns.  2. Posters in Marathi to make aware common people about its complications  3. An interactive session using audio-visual aid was conducted in OPD on. World leprosy day It was attended by around 25 - 30 people visiting our OPD.		

Professor & H.O.D. Dept. of Skin & VD MIMER Medical College BSTRH, Talegaon (D), Pune To
The Principal
MIMER Medical College & Dr BSTR Hospital

Subject: Permission to conduct activity

Respected Madam,

Seeking your kind permission and guidance for the conduct of an activity, the details of which are as follows -

•	No	Headings	Details	Remarks (by Principal)	
	<b>→</b> · 1.	Organizing Department/ Committee	Dermatology		
	2.	Activity planned (mention in details)	30/01/2024 (Tuesday )		
	3.	Occasion (if any)	World Leprosy Day		
	4.	Program/Schedule (if prepared)	Speech by Dr. Ajinkya Bokhare (JR) Dr. Hardik Lohiya (JR)		
	5.	Coordinator	Dr. Rajendra Shinde     Dr. Snehal Navande     Dr. Sandeep Hade		
		Contact number:	1. 7387453269	1	,
•		Email:	snehalnavande@gmail.com	1	
-	6.	Date/dates of activity	3oth January, 2024		-
	7.	Day	Tuesday	A	
	8.	Timings	12:00am to 1:00pm		1
	9.	Duration	Morning Period		1
	10.	Venue	Skin OPD		1
	. 11.	Audience (students, faculty, patients etc.)	Students, Interns PG students, Patients		1.
	12.	Guests (if any)			1
<b>!</b>	13.	In association with (if any)	-		
	, 14.	Accreditation (MMC, professional body, NGO etc.)	•		

	Heading	Required (Yes/No) Details	Remarks (by Principal)	
. 1.	Audio-Visual requirement	Yes / Available		
2.	Projector (Presentation)	Yes / Available		
3.	Tea/Coffee/Food required (specify number)	-		
4.	Photography	Yes		
-5.	Videography	leography -		-
6.	Online streaming			
7.	Print materials			
	Banner/ Flex	-		
	Pamphlet	• -	1	
	Certificates	-		
	Other			
8.	Rangoli	No		
9.	Transport (for guest)	-		
10.	Floral arrangements	-		
11.	Felicitation kit	-		
12.	Gifts or guest (Saplings, etc.)			
13.		-		
14.		· Yes (1)		

It will be ensured that the activity will be conducted in accordance with the prescribed norms of the institute.

The report of the activity will be made and sent to relevant committee within seven days.

Thanking You

Name: Dr. Rajendra Shinde

Designation: Professor & HOD

Date: 30th January, 2024

Professor & H.O.D.
Dept. of Skin & VD
MIMER Medical College
BSTRH, Talegaon (D), Pune



## **Permission for World Leprosy Day**

SKIN & VD DEPARTMENT <skin@mitmimer.com>
To: PRINCIPAL MIMER <pri>rincipal@mitmimer.com>

30 January 2024 at 11:25

Respected Madam, Please find attachment Regards, Dermatology Department

Go Green, Avoid Print.

SOPs -Conduct of Activities in MIMER (1).docx 33K

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Executive Direct		
Principal	Ksandly 30.1.	,
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