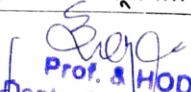
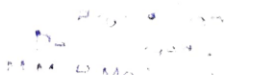


Department of Paediatrics
ACTIVITY REPORT

Sr. No	Name of the activity	New born care week 15 th to 21 st November 2022
1	Organizing department/s	Paediatrics
2	Name of the Head of department/ Event in-charge	Dr. Eric Dsouza
3	Date & Time	15 th to 21 st November 2022
4	Venue / Place	Paediatric OPD corridor
5	E mail / Circular / Notification about the event (mentioning Date, time, venue, guest, speaker, faculty etc.)	Attached
6	Pamphlet (if any)	Attached
7	Total number of participants/beneficiaries	1. ANC and PNC Mothers & their relatives 2. OPD Patients & families
8	Attendance (if applicable)	NA
9	Faculty / Medical team	Dr. Mandar kale Dr. Shraddha Dubewar
10	Coloured geo-tagged photos (2 to 4)	Attached.
11	Brief summary of the event in around 100 words (purpose, conduct, feedback, impact, suggestions)	<p>New born care week activity was celebrated between 15th November to 21st November 2022. Theme was Home care of New born in Urban Area.</p> <p>a) Hand wash pamphlets explaining how to wash hands was distributed among the ANC mothers and families.</p> <p>b) Pamphlet of Poem "जर का मी रडलोच नाही" explaining steps of Neonatal resuscitation in golden minutes management was prepared & were distributed to OBGY residents and medical interns.</p> <p>c) Under the care of - Home care of New born in Urban Area following videos of paediatricians explaining following topics were played in the corridor.</p> <p>1) नवजात शिशूचे तापमान नियंत्रण 2) नवजात शिशूची देखभाल : समज -गैरसमज 3)मातृ दुग्ध पेढी: नवजात शिशुसाठी वरदान 4)नवजात शिशूमधील धोक्याची लक्षणे.</p>


Prof. & HOD
 Dept. of Paediatrics
 MIMER Medical College
 Talegaon Dabhade


 Dr. Eric Dsouza
 Head of Department
 Paediatrics
 Talegaon Dabhade

ANNEXURE - 1

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)
1.	Organizing Department/ Committee	Pediatric Department	
2.	Activity planned (mention in details)	Video Presentation at OPD on screen	
3.	Occasion (if any)	Newborn care Week	
4.	Program/Schedule (if prepared)	10 am to 12 pm	
5.	Coordinator	Dr. Mandar Kale	
	Contact number :	9970375153	
	Email :	dr.mandar.kale@gmail.com	
6.	Date/dates of activity	19 th Nov 2022	
7.	Day	Saturday	
8.	Timings	10 am to 12 pm	
9.	Duration	1 day	
10.	Venue	OPD	
11.	Audience (students, faculty, patients etc.)	All OPD Patients & Relatives	
12.	Guests (if any)	-	
13.	In association with (if any)	-	
14.	Accreditation (MMC, professional body, NGO etc.)	-	

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

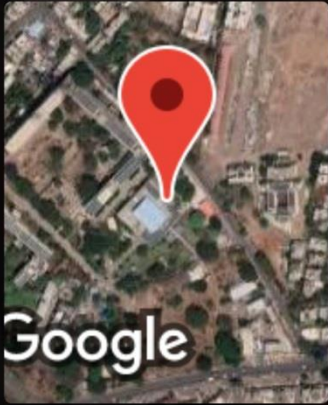
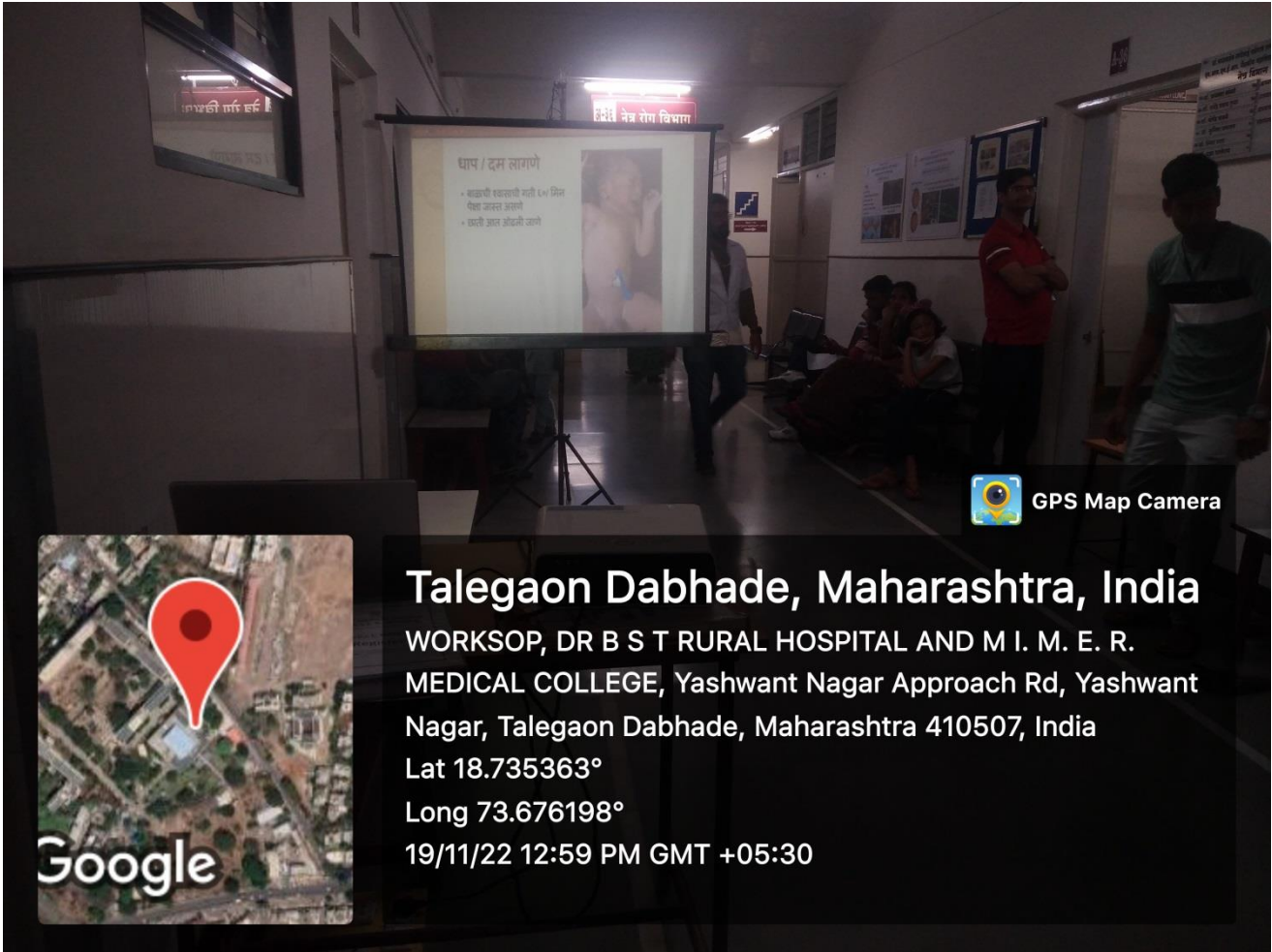
Thanking You

Dr. Mandar kale

Assistant Professor

17/11/2022





Talegaon Dabhade, Maharashtra, India

WORKSOP, DR B S T RURAL HOSPITAL AND M I. M. E. R.
MEDICAL COLLEGE, Yashwant Nagar Approach Rd, Yashwant
Nagar, Talegaon Dabhade, Maharashtra 410507, India

Lat 18.735363°

Long 73.676198°

19/11/22 12:59 PM GMT +05:30