## **ACTIVITY REPORT**

	Activity Report						
1.	Name of the activity	'World Vitiligo Day'					
. 2.	Organizing department/s	Dermatology Venereology & Leprosy					
3.	Name of the Head of department/	Dr. Rajendra Shinde					
	Event in-charge						
4.	Date & Time	26/6/2024 12 pm to 1 pm					
5.	Venue / Place	MIMER Medical College , Dermatology OPD					
6.	E mail / Circular / Notification about the event (mentioning Date, time, venue, guest, speaker, faculty etc.)	Attached					
7.	Pamphlet (if any)						
8.	Total number of participants/beneficiaries	30-40					
9.	Attendance (if applicable)	-					
10.	Faculty / Medical team	Dr. Tanvi Patil (JR) Dr. Ajinkya Bokhare (JR) Dr. Sarah Hawai (JR) Dr. Bhagyashree Agrawal (JR)					
11.	Coloured geo-tagged photos (2 to 4)	Attached					
12.	Brief summary of the event in around 100 words (purpose, conduct, feedback, impact,	'World Vitiligo Day' was conducted for public awareness and clearing patient's					
	suggestions)	doubts. Session is conducted in English & Marathi explaining myths, misunderstanding, causes & treatment of					
		Vitiligo. An interactive session using audiovisual aid was conducted in OPD on world Vitiligo day. Total beneficiaries were 40. Posters depicting causes, manifestations, treatment were arranged by interns in					
		departmental OPD.					

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

## 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	Dermatology Department	
2.	Activity planned (mention in details)	Vitiligo Day	
3.	Occasion (if any)	Dermatology OPD	
4.	Program/Schedule (if prepared)	Speech by Dr. Ajinkya Bokhare (JR)	
5.	Coordinator	Dr. Rajendra Shinde (Prof. & HOD) Dr. Snehal Navande (Asst. Prof.) Dr. Sandeep Hade (Asst. Prof.)	
	Contact number:	9403322541	_
	Email:	Sandeephade86@gmail.com	
6.	Date/dates of activity	26/6/2024	
7.	Day	Wednesday	
8.	Timings	12 pm to 1 am	
9.	Duration	1 hours	
10.	Venue	Dermatology Department	
11.	Audience (Students, faculty, patients etc.)	Faculty, Residents, Interns, Non – Teaching Staff, Patients, Relatives	
12.	Guests (if any)	-	
13.	In association with (if any)	-	
14.	Accreditation (MMC, professional body, NGO etc.)	* t	

	REQUEST / REQUIREMI Heading	Required (Yes/No) Details	Remarks (by Principal)
	Audio-Visual requirement	Yes	
2.	Projector (Presentation)	Yes	
3.	Tea/Coffee/Food required (specify number)	-	
4.	Photography	-	
5.	Videography	-	¥
6.	Online streaming	-	
7.			
<i>'</i> .	Banner/ Flex	Yes	
	Pamphlet	-	
	Certificates	-	
	• Other	•	
8.	Rangoli	-	
9.	Transport (for guest)	-	
10.	Floral arrangements	-	
11.	Felicitation kit	-	·
12.	etc.)	-	
13.		-	
14.	3	-	

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: (Prof. & HOD) Date: 20/6/2024

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

2







