

Department of Epidemiology  
**The Tamilnadu Dr.M.G.R. Medical University**  
#69, Anna Salai, Guindy, Chennai - 600032

XVII Workshop on

**“EVIDENCE-BASED MEDICINE”**

**Duration:**

From 28.03.2011 to 31.03.2011

**Venue:**

Department of Epidemiology  
The Tamil Nadu Dr.M.G.R. Medical University,  
69, Anna Salai, Guindy, Chennai – 600 032.

**Potential Participants:**

Teaching faculty (Assistant Professors and above) of government run medical and dental colleges in Tamilnadu affiliated to the TN Dr. M.G.R Medical university with an aptitude for research irrespective of whether any publication has been made so far or not.

**Course Content:**

Introduction to Evidence Based Medicine, Measure of Disease Burden, Diagnostic Test, Causation, Prognosis, Therapy, Health Social Science, Bias, Literature Review and Critical Appraisal, Source of literature, Basics of Data Handling, Study Sample and its procedure, Test of Significance, Confidence intervals, How to write a Research proposal, Sample size estimation etc.,

**Design of the Workshop**

Lectures, discussions and Practical Sessions

**Registration**

Registration is limited to 30 participants on first come first service basis. **No registration fee is charged.** Study materials, handouts, lunch, tea/snacks during the course of workshop will be provided by the university. Interested participants may send the registration form enclosed herewith through proper channel. Filled up registration form may be sent to the **Head of the Department, Department of Epidemiology, The Tamil Nadu Dr.M.G.R. Medical University, 69, Anna Salai, Guindy, Chennai-600 032** or scanned copy of the same may be sent through Email to: [tmmuepid@gmail.com](mailto:tmmuepid@gmail.com) on or before 22.03.2011.

Contact Person:

**Dr. S. Kalpana, Ph.D.,**  
Research Officer, Department of Epidemiology  
Phone: 2230 1760-63 }Extn.232, 234, 258  
2235 3093-94}  
Mobile: 9445936151, 9962019902,9840599285  
**E-mail:** [tmmuepid@gmail.com](mailto:tmmuepid@gmail.com)

**DATES TO REMEMBER**

**Deadline for Registration : 22.03.2011**  
**Workshop: 28.03.2011 – 31.03.2011**

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**XVII WORKSHOP ON 'EVIDENCE-BASED MEDICINE'**  
**(28.03.2011 – 31.03.2011)**

**REGISTRATION FORM**

1. Name (In block letters) :
2. Age & Sex :
3. Qualification :
4. Designation / Institution :
5. Address for communication :
6. Email ID/Mobile No :

I am willing to participate in the XVII Evidence-Based Medicine Workshop.

SIGNATURE OF THE PARTICIPANT

SIGNATURE OF THE HEAD OF THE INSTITUTION  
(WITH OFFICE SEAL)