

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

One-day workshop on

'INTRODUCTION TO SCIENTIFIC & MEDICAL WRITING'

CME CREDIT POINTS : 10

Date: 18.03.2011 (Friday)

Venue: The Tamil Nadu Dr.M.G.R. Medical University,
69, Anna Salai, Guindy, Chennai - 600 032.

Potential Participants:

Post-graduates, Ph.D. scholars, Researchers and faculty of Medical, Dental, AYUSH and Allied Health Sciences branches.

Contents of the program:

Lectures covering the following areas will be delivered during the program.

- Introduction to scientific & medical writing
- Types of scientific writing
- Structure of a scientific paper
- How to write Introduction, Methods, Results, Discussion, Reference etc.,
- Language and grammar in scientific writing
- Style of scientific writing
- Abstract writing
- How to get your paper published

Registration:

Registration is limited to 100 participants on first come first service basis. A fee of **Rs.500/- (Rupees five hundred only)** will be charged towards study materials, lunch and tea/snacks. The payment may be made in the form of NEFT/RTGS or through Payment Gateway - S.B. A/C No.167901000000666 ; IFC - IOBA0001679 in favour of the Tamilnadu Dr.M.G.R. Medical University for "Registration towards Scientific Medical Writing program" or a Demand Draft from any nationalized bank in favor of 'The Registrar, The Tamilnadu Dr.M.G.R. Medical UNiversity' payable at Chennai. The application in the format given below along with Online payment receipt or Demand Draft 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 to reach us on or before 11.03.2011.

Contact Person: Dr.Jasmine. S. Sundar, M.B.B.S., M.Sc. (Epidemiology).,
Department of Epidemiology
Phone: 2230 1760-63 Extn.232, 234, 258
2235 3093-94
Mobile: 9003088399, E-mail: tmmuepid@gmail.com

THE TAMIL NADU Dr.M.G.R. MEDICAL UNIVERSITY,
69, ANNA SALAI, GUINDY, CHENNAI - 600 032

One-day workshop on
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18.03.2011

Registration form

1. NAME (In block letters) :
2. AGE & SEX :
3. QUALIFICATION :
4. DESIGNATION / COURSE :
5. INSTITUTION :
6. ADDRESS FOR CORRESPONDENCE :

Mobile No. :

Email ID :

7. DETAILS OF ONLINE
PAYMENT OR DEMAND DRAFT:

I am willing to participate in the program.

SIGNATURE OF THE PARTICIPANT