



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
JODHPUR**

SOCIAL OUTREACH CELL

PROFORMA-B

Date:

To,
Director,
AIIMS, Jodhpur

THROUGH SOCIAL OUTREACH CELL

Name of proposed activity:

Activity initiated by (Name of collaborating Organization)

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Source of Funding/ Sponsor: Central Government/ State Government/ NGOs/Private Organization/Schools/ Charitable Trust/ Political Party/ Individual/ Others (specify)

.....

Name of the Department:

.....

Proposed Place for the activity:

Proposed Date/Time for the activity:

Duration of activity.....

Expected population coverage/ Expected Audience:

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Brief description of the proposed activity:

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Expectations from the activity:

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Necessary arrangements (with total number of days)

Transport.....

Food

Stay.....

Detail of the manpower involved/to be involved in the activity:

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.....

Instruments/equipment/any other requirement:

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.....

Brief profile of the collaborating organization/proposer:

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.....

(Both hard copy and soft copy of duly filled form with a cover letter should be forwarded to Social Outreach Cell, AIIMS Jodhpur, socialoutreachcell@aiimsjodhpur.edu.in)

Name & Signature of Applicant with stamp:

Recommendations of Head of Department/Departments/Unit:

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List of enclosures/supportive documents:

Comments from Convener, Social Outreach Cell:

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Signature
Convener Social Outreach Cell

Signature
Coordinator Social Outreach Cell

Approved by

Director, AIIMS Jodhpur