**Community Services**

**Proposal Form**

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| **Program** | □Medicine □Clinical Pharmacy □Dentistry □ Nursing |
| **Supervisor** |  |
| **Names of Participants** |  |
| **Title of the community service** |  |
| **Type of Community Service delivered** | □Education □Screening □ Treatment |
| **Classification of Community Service** | □Curriculum based Medical Education activity  □Voluntary  □Research related (after Ethical approval) |
| **Objectives** |  |
| **Date & Time** |  |
| **Location**  **Details-** | **□**Within Campus **□**Outside Campus |
| **Any collaboration/sponsor for the activity. Give details** | □Yes □No |
| **Target Audience** |  |
| **Aids used** |  |
| **Plan of the activity** |  |
| **Documents to be prepared and collected** | □ Permission Letter from Organization  □Permission letter from College  □ Permission letter to organization  □Permission Letter for Transport |
| **Prepared by supervisor/ Date** |  | |
| **Submitted to Coordinator** |  | |
| **Submitted to Vice Dean** |  | |
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