



INDIAN PHARMACOPOEIA COMMISSION

National Coordination Centre- Pharmacovigilance Programme of India (PvPI)

MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA

SECTOR-23, RAJ NAGAR, GHAZIABAD- 201 002

Tel No: 0120- 2783392, 2783400, 2783401 Fax: 0120-2783311

E-mail: pvpi.ipc@gov.in, lab.ipc@gov.in, training.nccpvpi-ipc@gov.in Web: www.ipc.gov.in

Monthly Training Report

Name of AMC:

Name of Coordinator:

Name of Deputy Coordinator:

Name of Pharmacovigilance Associate:

S. No	Date of Training (DD/MM/YYYY)	Objective/ Title of the Training	Participants Type: (Doctors/Pharmacists /Nurses/ Other HCPs)	No. of Participants	Type of Training (CME/Advance Level /Seminar and Others)

Submitted By:

Designation:

Signature:

Approved By:

Designation:

Signature:

Report Format for Workshops/CME/Training Programmes Funded By PvPI
(Applicable to All RTC/AMC Coordinators)

- Title of the Workshop/Training/ Events/Programme
- Type of the Training (Please ✓) 1- CME [] 2- ALT []
- Name of the organization
- Name of the RTC/AMC
- Name of Pharmacovigilance Associates (if any)
- Duration and mode of Workshop/Training/Events
- Venue of the workshop
- Total Number of Participants attended (Please provide the designation wise breakup of Participants i.e.): Doctors, pharmacist, nurses, Students, Industry professionals and Consumers (**in Table Format**).
- Details of speakers
- Brief outline of the Agenda
- Model Certificate and course content (soft copy if any)
- Outcome of the training (**250 words**)
- Feedbacks/Suggestions received from Participants/Speaker (if Any)