

ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE

OFFICE OF THE P.A. TO THE DIRECTOR

Monthly Report for the Month of

1. External Meeting Attended by the Director

Sl.No.	Title / purpose & organizer of the meeting	Date

2. Internal Committees Formed

Sl.No.	Name of the committee	Purpose	Members	Date of formation

3. Committees/councils/boards served outside

Sl.No.	Name of the committees/councils/boards	Role	Date of appointment

4. Major Administrative Decisions taken

Sl.No.	Decision taken	O.M. No. & Date, if any

5. Invited Lectures Delivered

Sl.No.	Topic	Event/Organization	Date

6. Inauguration of Events

Sl.No.	Event/Organization	Date

7. Scientific Presentations

Sl.No.	Topic	Event/Organization	Date

8. Scientific Publications

Sl.No.	Title of the paper	Co-authors, if any	Publication details

9. Journal Editorship

Sl.No.	Title of the journal	Role	Period

10. Scientific Peer Reviewing

Sl.No.	Title of the paper	Title of the Journal/volume/issue

11. Chairing of Scientific Sessions

Sl.No.	Name of the event	Session chaired

12. Any other