



INDIAN MEDICAL ASSOCIATION

COIMBATORE Branch

&

Bharathiar University, Coimbatore

Organizing

Coimbatore Inter College MEDICAL QUIZ - 2017

To commemorate

World Head Injury awareness Day 2017



for College Students of Coimbatore District

Quiz Master Dr.V.RajeshBabu
NeuroSurgeon Ganga Hospital, Coimbatore

Date :20.03.2017

TIME : 2.00 P.M to 4.00 P.M.

Venue :Auditorium

Bharathiar University

Coimbatore

ALL ARE WELCOME

Dr.S.Karuna
President

Dr.C.P.Shanmugasundaram
Secretary

Dr.V.RajeshBabu
Finance Secretary &Project Coordinator

Dr.Prabakaran
Project Coordinator

Rules for the MedicalQuiz – 2017 (20.03.17)

- This competition is for College Students Coimbatore district.
- It is an Inter college competition.
- Students from Arts & Science colleges, Engineering colleges, Management Institutes can participate.
- Quiz will be in English language.
- It is a Medical Quiz and questions will be from Medical Curriculum upto college level.
- Each team can have 2 participants.
- Two Teams from each college can participate.
- **MEDICAL QUIZ will be conducted on 20.03.2017 at 2.00 P.M. to 4.00 P.M. at Auditorium, Bharthiar University Coimbatore Ph:0422 2471824**
- The teams should be present at the Venue at 1.30 P.M..
- **Last date for Registration – 18.03.2017. Registration FREE, but Registration is compulsory before 18.03.2017.**
- **Registration form can also be downloaded from our website “coimbatoreima.com”.**
- The competition will have a preliminary round where 20 questions will be asked and the competitors have to write the answer in the given answer paper.
- Please bring Pads to keep the paper and write.
- Top 6 teams will be taken for the final round.
- First, second, third prizes will be given for the winners and the winning colleges.
- Quiz master's decision will be final.
- For any queries please contact Dr.V.RajeshBabu9360030094 or IMA Office 0422-2471824.
- You can also send a mail to imacoimbatore@gmail.com, svrbmch@gmail.com, prabagaran@buc.edu.in & prabagaran1@gmail.com
- **Scanned copy of the Registration form can be sent thru E Mail to imacoimbatore@gmail.com**

INDIAN MEDICAL ASSOCIATION

COIMBATORE Branch

MEDICAL QUIZ - 2017(20.03.17)

Registration form – Bonafide certificate

•Nameof the college:.....

•Names Team I :1.....

2.....

Team II 1.....

2.....

This is to certify that the above studentsare from our college.

Signature of the Principal

with seal