

## TRAINING CALENDER-2009-10

Sl. No	Date	Topic	Target Group	Course Capacity	Course Coordinator/ Member
1	09-09-2009	Comprehensive rehabilitation for patients with Hemiplegia.	Patients with Hemiplegia and their caregivers.	30+30	Mr. B.K Nanda Mr. Vinay Kumar
2.	27-10-2009 To 28-10-2009	Continuing Occupational Therapy Education (COTE) on "Sensory Integration"- Theory and Therapy	Qualified Occupational Therapists & PG Students of OT.	30	Mrs. A Senapati. Mr.S.K Haldar Mr. S.K. Sethy
3	29-10-2009 To 30-10-2009	Hands on workshop on "Muscle energy technique	Physiotherapists & MPT students	30	Mr. P.P Mohanty Mrs Sujata Maharathi
4	18-11-2009	Awareness programme on Disability identification and management for the School teachers.	School teachers	50	Mr. C.R. Mishra.
5	26-11-2009 To 27-11-2009	Workshop on "Hearing aid repair, care and maintenance"	Special Educators, Speech and Hearing Assistants	30	Mr. Jayasankar Panda.
6	01-12-2009 To 4-12-2009.	Workshop on "Recent trends in Endoskeletal lower extremity Prosthesis"	Qualified Prosthetic & Orthotic professionals	30	Mr. S.N Rout Mr. A.N Nanda Mr. N. Ojha.
7	12.12.09 & 13.12.09	Surgical Management of Spasticity	Ortho. Surgeon, PMR specialist, PG.studtude of Ortho. & PMR.	50	Dr.P.K.Sahoo Dr. D. K. Singh

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8	15.12.09 & 16.12.2009	Design of Wheel Chair and its versatile use for various ADL activities.	Qualified P & O/ Rehabilitation professionals, Rehabilitation Engineers, Biomedical Engineers etc.	30	Mr. Ranjan Das Mr. M.D. Burman
9	17.12.09 & 18.12.2009	Management of Bladder problems in persons with SCI	Physiotherapists & MPT students	30	Mr. B. K. Nanda Mr. C.R.Mishra
10	23.12.2009	Training Programme for Parents and Care-takers of CP & MR and Multiple Disabled Children to enhance their involvement in the Rehabilitation.	Parents, Family members and Caretakers of Mentally retarded, Cerebral Palsy and Multiple Disabled children.	50 Parents/ Care givers	Mrs. Meena Barai Miss Sasmita Samal
11	29.12.09 & 30.12.2009	Continuing Occupational Therapy Education (COTE) on "Role of OT in management of CVA"	Qualified Occupational Therapists & PG students of OT.	30	Mrs. P. Singh Mr. S.K.Haldar Mr. R.K.Sahu
12	04.01.2010 To 05.01.2010	Workshop on Alternative augmentative communication	Special Educators working in special school for CP,MR & Hearing Impaired. The parents of CP,MR & Hearing Impaired patients.	30	Mr. Jayasankar Panda
13	07.01.2010 & 08.01.2010	Rehabilitation in Primary Health Center	Doctors from PGC & CHC	30	Dr. P. K. Sahoo Dr. N. K. Behera

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14	02.02.2010 To 05.02.2010	Rehabilitation Nursing for Staff Nurses.	Qualified Staff Nurses & LHV with 2yrs. Experience in N.G.O.,GOS,IGH,ESI ,MCL hospital etc.	30	Mrs. B. L. Mohapatra Mrs. Daulen Buxla Mrs. Sulochana Dei Smt. K.K.Pradhan
15	07.02.2010	Locomotor disability. Early intervention & rehabilitation	PG student of Orthopedics, Pediatrics, Medicine & House Surgeons.	50	Dr. P. K. Sahoo Dr. S. Pradhan Dr. P. K. Parida
16	15.02.2010 & 16.02.2010	Design and Biomechanical Aanalysis of Prosthetic Foot for transtibial Amputees.	Qualified P & O Professionals/Rehabilitation Engineers, Biomedical/Mechanical Engineers etc.	30	Mr. M.D. Burman Mr. Ranjan Das
17	25.02.2010	Comprehensive Rahabilitation for Persons with Spinal Cord Injury and their care givers.	Spinal Cord Injury patients and their attendant. (one each)	40	Miss Sasmita Samal Mrs. Meena Barai
18	02.03.2010 & 03.03.2010	Casting and Fabrication of Narrow M-L Trans Femoral Ischial Containment Socket.	Qualified Prosthetic & Orthotic Professionals (Only RCI registered P&O professionals of personals are eligible to attend.)	30	Mr. A.N.Nanda Mr.S.N.Rout Mr. R.K.Barik Mr. Niranjan Ojha
19	09.03.2010 & 10.03.2010	Continuing Occupational Therapy Education (COTE) on "Role of OT in management of ASD".	Qualified Occupational Therapists & PG students of OT.	30	Mr. S.P.Mokashi Mrs. A.Senapati Mrs. P. Singh Mr. R. K. Sahu Mr. S. K. Sethy
20	24.03.2010 & 25.3.2010	Research Methodology	Physiotherapists& MPT students.	30	Mrs. Monalisa Pattnaik Mr. Vinay Kumar

**SWAMI VIVEKANAND NATIONAL INSTITUTE OF  
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**REGISTRATION FORM FOR SOC/CME/WORKSHOP/SEMINAR ETC.**

1. Name of the Programme & Date : \_\_\_\_\_
2. Applicant's Name ( in block letters) : \_\_\_\_\_
3. Date of Birth and age : \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Name of the Organization : \_\_\_\_\_
6. Address of the Organization : \_\_\_\_\_  
\_\_\_\_\_
7. Educational Qualification : \_\_\_\_\_
8. Nature of work : \_\_\_\_\_
9. Details of Experience : \_\_\_\_\_
10. Details of Courses/programme : \_\_\_\_\_
11. Any other information : \_\_\_\_\_

**Signature of the Applicant**

**Date:**

**CERTIFICATE**

This is to certify that Mr./Ms./Dr. \_\_\_\_\_  
\_\_\_\_\_ is working at \_\_\_\_\_  
\_\_\_\_\_ in \_\_\_\_\_ and is being  
sponsored for the above course to be conducted by SVNIRTAR.

**Date : .....**

**Signature and Seal of  
HEAD OF ORGANISATION**