

Model

Note: Please use this format. One soft copy of the filled in application form without enclosures titled Nomination for Awards-2018 should be sent to tnmedicalcouncilawards@gmail.com and 1 set of hard copy with all enclosures and supportive documents should be sent addressed to the Chairman, Awards Committee, Tamil Nadu Medical Council, New No.914, Poonamallee High Road, Arumbakkam, Chennai 600106. All enclosures of photographs, certificates, credentials should be a Photostat copy (Originals to be produced only on demand)

Application Form for
"Medical Council Awards-2018 for Medical Excellence"
called for by the Tamil Nadu Medical Council

1. Name : _____
(without prefixing Dr/Mr/Mrs and initials at the end)

Recent
passport size
photo of
applicant

2. Father's / Husband's Name : _____

3. Date of Birth(DDMMYYYY) : _____

4. Sex: : _____

5. Tamil Nadu Medical Council

Registration number : _____

6. Qualification : _____

| Qualification | Year completed | College | University |
|---------------|----------------|---------|------------|
| MBBS | | | |
| | | | |
| | | | |
| | | | |

7. Communication Address : _____

Pincode:_____

8. Mobile No: (10 digits only) 1. _____
2. _____

9. Email id :

10. Any incidents of moral, ethical, professional misconducts and/ or criminal cases/ convictions? If yes, give details.
1.

11. Category of Award for which applied:

| | |
|-------------------------|--|
| Category Applied | |
|-------------------------|--|

Please note: One candidate can apply in one Category only.

Categories of Awards:

| Category | Details of Award |
|-----------------|--------------------------|
| Category I | 3 Medical Teacher Awards |
| Category II | 5 Specialist's Awards |
| Category III | 2 Rural Service Awards |

12. Credentials of the applicant:

i. Qualification:

| Course | Period | College/ Institution | University/ Institution |
|--------|--------|-------------------------|----------------------------|
| | | | |
| | | | |

ii. Experience:

| SNo | Details | No of years |
|-----|-----------------------------|-------------|
| 1 | Total Service after MBBS | |
| 2 | Experience* in the category | |

| | | |
|--|---------|--|
| | applied | |
|--|---------|--|

*Teaching Experience/ Experience in non-teaching Govt. institutions/ Private Practice/ Semi-Rural Non-Govt. Experience/ Rural PHC Experience

iii. Awards Received:

| SNo | Details of the office issued the awards | Details of the awards |
|-----|---|-----------------------|
| | | |

iv. Medical Text books Authored/Co-authored (please specify details)

| SNo | Details of the Medical Text Books | Details of the Topics/ Chapters |
|-----|-----------------------------------|---------------------------------|
| | | |

v. Papers published in indexed Journals: (please specify details)

| SNo | Details of the Journals | Details of the papers published |
|-----|-------------------------|---------------------------------|
| | | |

vi. Lectures/ Presenting papers/ Chairing Scientific Sessions in State/ National/ International Medical Conferences.

| SNo | Details of the Conferences | Details of the Topics (please state presented/ lecture/chaired etc) |
|-----|----------------------------|---|
| | | |

vii. Students Classes/ Lectures/ CME/ in Local Academic Forums**

| SNo | Details of the Meeting | Details of the Topics |
|-----|------------------------|-----------------------|
| | | |

** Medical Colleges, IMA branches/ Hospitals etc.

viii. Details of Active Social work and in various medical projects.

| SNo | Details of Active Social Work | Topics/ Period etc |
|-----|-------------------------------|--------------------|
| | | |

ix. Services in Hills and Tribal areas.

| SNo | Place and period | Details of service |
|-----|------------------|--------------------|
| | | |

x. Membership in Indian Medical Association, Tamil Nadu Government Doctors Association, Speciality Associations***

| SNo | Name of the organization | Capacity (Designation in the forum) | No of years / Period |
|-----|--------------------------|-------------------------------------|----------------------|
| | | | |

*** As in API, ASI, FOGSI, IAP, IOP etc

xi. Membership in NGO/ Red Cross/ Rotary/ Lions Club

| SNo | Name of the organization | Capacity (Designation in the forum) | No of years / Period |
|-----|--------------------------|-------------------------------------|----------------------|
| | | | |

xii. Other credentials (Please add extra columns/rows/ tables in this (abstract should be given here. Supportive documents enclosed)

| SNo | Details | Descriptions |
|-----|---------|--------------|
| | | |

13. Declaration:

I hereby declare that the details said above are true to my knowledge and ability. I will abide by the decision of the Selection Committee in choosing the awardees.

Date:

(Signature of the Applicant/ Proposer)

Enclosures: (Photostat copies of supportive documents)

1. Certificates
2. Awards
3. News papers
4. Journals, articles, brochures, invitations, magazines, textbook chapters,
5. Other credentials
6. Supportive documents, records etc