# GOVT. OF NCT OF DELHI DEPARTMENT OF HEALTH AND FAMILY WELFARE

Paste Recent Passport size Photo

# <u>APPLICATION FORM FOR STATE AWARD TO SERVICE DOCTORS</u>

1.	Name (in capital letters English)	:
2.	Name in Hindi	:
3.	S/o, W/o , D/o	:
4.	Present Designation with date of assuming present designation	:
5.	Official Address with PIN Code	:
6.	Residential Address with PIN Code	:
7.	Phone, Fax, Email.	
	Office	<u>:</u>
	Residence Mobile	<u>:</u>
	Email	• •
8.	Sex	:
9.	Date of Birth	:
10.	Date of joining service	:
11.	Date of superannuation	:

## 12. Qualifications :

Name of Degree/Diploma	Name of University	Year of Passing	Honours / Distinction if any	Remarks
(1)	(2)	(3)	(4)	(5)
1.Part i. MBBS				
Part ii. MBBS				
Part iii. MBBS				
2.*PG. Degree/				
Diploma				
(Speciality)				
3.Post Doctoral				
DM / MCH				
(Speciality)				
4. Any other				

## 13. Experience (in chronological order):

SI. No.	Designation	From	То	Institute/organization	Nature of duties/ Remarks
					Administration/
					Teaching/
					Research/ Patient
					Care/ Public Health

## 14. Publications:

(Please attach a list of research papers published and read at conference if any. Also a list of books monographs written. Please highlight articles written or matter relating to health education).

**15. Conference/seminars** etc. attended during last 2 years.

### 16. Contribution to the development of:

- a. Specialty
- b. Department
- c. Institution
- d. National Health Programs
- e. Family Welfare Programs
- f. Innovation in hospital/medical college/health services:
  - i. Sanitation
  - ii. Purchase and Material Management
  - iii. Inventory Control
  - iv. Planning

- v. Training/Lectures theatre
- vi. Security/Laundry/Kitchen
- vii. OTs/OPD/Wards/Labs
- g. Problem Based Learning
- h. Health Fairs/Melas
- i. Health Exhibitions
- j. Health Rallies
- k. Health Education/WHO Day/Workshops
- I. Innovation/contribution to blood safety/AIDS/RBT Centres
- m. Scientific Updates

#### 17. Contribution for the involvement of medical students in:

- i. Pulse Polio
- ii. Measles
- iii. Antenatal Care
- iv. Yoga
- v. Sports
- vi. Cultural Activities
- vii. Healthy City Concepts
- viii. Patients Health Education
- ix. Others (prevention of blindness etc.
- b. Contribution for involving Technician/Nurses/Others Colleges/Schools in the afore-mentioned areas as at 9(1).
- 18. Involvement in Waste Disposal Schemes and Environmental improvement of health care centres/ hospital Complex (including gardens/lawns, wards, bathrooms etc.)
- 19. Preparation of Health Education Material
- 20. Research Projects
  - a Basic :
  - b Applied

#### **Notably on:**

- a) Environment
- b) Occupational Health
- c) National Programs
- d) Rational use of drugs/hospital formulary

#### 21. Degree /Diploma/Certificate acquired during service:

#### 22. Teaching Appraisal for the last five years (For assessment of Medical Teacher only)

Year	Name of Medical College & Address	Subject	No. of Students Taught	No. of students passed	Percenta ge of Passed Students	No. of students with First Division/ Distinctions
1	2	3	4	5	6	7

### 23. Achievement in the following fields:-

- a. National and Social Service:
- b. Commendable work for the upliftment of the weaker sections
- c. Details of instances when officer has done any work of distinction or made any extraordinary attempt to accomplish health tasks.
- d. Distinctive work done in the sphere of co-curricular activities (for medical colleges and teaching hospital only).
- e. Work done for the development of professional expertise.
- f. Contribution to various programs organized by the Medical & Public Health Department (certificates to be attached in support thereto).

24.	Any c	ther meritorious wor	k/achievemen	t		
					SIGNA	TURE of Applicant
					Nam	ne and Designation
					Date:	
<b>25</b> .	Certifica	te from Head of the Ir	stitution)			
	1)	Name of Institution:				
	2)	Worked from		to		
	3)	As (designation)				
	3)	Total experience in y	ears :			
26	<b>Applicati</b>	on recommended for	following ach	nievements		
_0.	Applicati	on recommended for	ionowing doi	nevements		
					s	IGNATURE of HOD
					Nom	oo and Docignation
						ne and Designation
					Date:	
NB	: *Pleas	e attach separate sheet	if required			
	**No .	Application will be ente	rtained without	t recommenda	tion of HOD	