

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

**APPLICATION FORM FOR STATE AWARD TO SERVICE DOCTORS**

Paste Recent  
Passport size  
Photo

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	:	
	Residence	:	
	Mobile	:	
	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 <b>(Speciality)</b>				
3.Post Doctoral DM / MCH <b>(Speciality)</b>				
4. Any other				

**13. Experience (in chronological order):**

Sl. No.	Designation	From	To	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
- l. 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)**

<b>Year</b>	<b>Name of Medical College &amp; Address</b>	<b>Subject</b>	<b>No. of Students Taught</b>	<b>No. of students passed</b>	<b>Percentage of Passed Students</b>	<b>No. of students with First Division/ Distinctions</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

**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 other meritorious work/achievement**

**SIGNATURE of Applicant**

**Name and Designation**

**Date:**

**25. Certificate from Head of the Institution)**

- 1) Name of Institution:
- 2) Worked from \_\_\_\_\_ to \_\_\_\_\_
- 3) As (designation)--
- 3) Total experience in years \_\_\_\_\_ :

**26. Application recommended for following achievements**

**SIGNATURE of HOD**

**Name and Designation**

**Date:**

**NB: \*Please attach separate sheet if required  
\*\*No Application will be entertained without recommendation of HOD**