

**1. Best Doctors Award  
(Health Services Department)**

<b>Sl. No.</b>	<b>Item</b>	
1	Name of Applicant	
2	Name of Institution, Department and Address	
3	Date of Entry in the Regular Service	
4	Total Eligible Service as per Para.8 of Guidelines	
5	Eligible Service in Rural Areas	
6	Eligible Service in Difficult Tribal Areas	
7	Leave details (Leave Without Allowance)	
8	Have you convicted of Criminal Offences involving Professional Misconduct, Moral turpitude. If Yes, give details.	
9	Is there any Departmental disciplinary action. If Yes, give details	

10	Qualifications	
11	<p>Additional Qualifications:</p> <p>a.</p> <p>b.</p> <p>c.</p>	
12	Details of books published related to Medical Field (Copy should be attached)	
13	Details of Scientific Paper/Articles published related to Medical Field. (Copy should be attached)	
14	Professional papers presented in Medical Conferences	
15	<p>Have you been the State President/Secretary of State Association. (IMA/QPMPA/KGMOA/KGMCTA/IMS)</p> <p>If Yes, give details</p>	
16	<p>Have you been the District President/Secretary of District Association. (IMA/QPMPA/KGMOA/KGMCTA/IMS)</p> <p>If Yes, give details</p>	
17	Details of Active Involvement in organizing Seminar/Workshop/Medical Conference etc.	
18	Details of involvement in the organization of Special Medical Camp for public	

19	Active involvement in conducting relief camps Disaster Management. Provide details	
20	Role played in the development of Institution/Department. Provide details, if any	
21	Active involvement in providing free medical camp (Mass Epidemic) to the Public or Orphanage regularly	
22	Details of visual media presentation	
23	Participation in the introduction of New Innovative methods	
24	Popularity among the Public in a scale of 0-10 (0 for the least and 10 for the maximum)	
25	Teaching ability of Doctors in Medical Education Service in a scale of 0-10 (0 for the least and 10 for the maximum)	
26	<p>Conduction/involvement of Health Programmes.</p> <ul style="list-style-type: none"> <li>a. JSY</li> <li>b. Ward Health and Sanitation Committee.</li> <li>c. ASHA</li> <li>d. Use of Untied fund and other grants in the Institution</li> <li>e. Other NRHM activities</li> </ul>	

27	Implementation or involvement in FW/RCH Programmes a. Conduction of field immunization  b. FW activities  c. Field immunization	
28	Have you received Doctor's Award in the past. If Yes, give details.	
29	Any other relevant information	
30	Signature of the applicant	
31	Name and signature of Head of Department	

- ❖ Applicant should possess minimum 10 year eligible service and should work in the state at the time of submission of application.
- ❖ Relevant documents in support of claims to be attached. The factors and documents once considered and rejected on valid ground will not be reconsidered at any time.
- ❖ The documents with Performa duly filled up with copies should be forwarded.

Place :

Date :