

"ഭരണഭാഷ- മാതൃഭാഷ"



കേരള സർക്കാർ

സംഗ്രഹം

ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ് - ബെസ്റ്റ് ഡോക്യുമെന്റ് അവാർഡ് - പുതുക്കിയ മാർഗ്ഗരേഖ - പുറപ്പെടുവിക്കുന്നു

ആരോഗ്യ കുടുംബക്ഷേമ (ഇ) വകുപ്പ്

സ.ഉ.(സാധാ) നം.2798/2024/H&FWD തീയതി, തിരുവനന്തപുരം, 20-11-2024

- പരാമർശം:-
1. ബഹു. ആരോഗ്യ വകുപ്പ് മന്ത്രി 14.10.2024 ന് വിളിച്ചു ചേർത്ത മീറ്റിംഗിന്റെ മിനിറ്റ്സ്
 2. കേരള സ്റ്റേറ്റ് ഹെൽത്ത് റിസോഴ്സ് സെന്റർ എക്സിക്യൂട്ടീവ് ഡയറക്ടറുടെ 15-10-2024 തീയതിയിലെ No.SHSRC/266/ADMIN/2023 നമ്പർ കത്ത്
 3. ആരോഗ്യ വകുപ്പ് ഡയറക്ടറുടെ 02-11-2024 തീയതിയിലെ DHS/1145/2023-EH2 നമ്പർ കത്ത്.

ഉത്തരവ്

ബെസ്റ്റ് ഡോക്യുമെന്റ് അവാർഡ് നൽകുന്നത് സംബന്ധിച്ച് 14.10.2024 ന് ബഹു. ആരോഗ്യ വകുപ്പ് മന്ത്രി വിളിച്ചുചേർത്ത യോഗനടപടിക്കുറിപ്പിന്റെ അടിസ്ഥാനത്തിൽ സ്റ്റേറ്റ് ഹെൽത്ത് റിസോഴ്സ് സെന്റർ എക്സിക്യൂട്ടീവ് ഡയറക്ടർ തയ്യാറാക്കിയ പുതുക്കിയ മാർഗ്ഗരേഖ ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ പരിശോധിച്ച് പരാമർശം (3) പ്രകാരം സർക്കാരിൽ സമർപ്പിക്കുകയുണ്ടായി.

2) സർക്കാർ പ്രസ്തുത മാർഗ്ഗരേഖ വിശദമായി പരിശോധിച്ചു. പുതുക്കിയ മാർഗ്ഗരേഖ അംഗീകരിച്ച് അനുബന്ധമായി ചേർത്ത് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

(ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം)

ചിത്ര കെ ദിവാകരൻ

ജോയിന്റ് സെക്രട്ടറി

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ, തിരുവനന്തപുരം.

മെഡിക്കൽ വിദ്യാഭ്യാസ ഡയറക്ടർ, തിരുവനന്തപുരം.

സ്റ്റേറ്റ് മിഷൻ ഡയറക്ടർ, എൻ.എച്ച്.എം, തിരുവനന്തപുരം.

എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, സ്റ്റേറ്റ് ഹെൽത്ത് റിസോഴ്സ് സെന്റർ, തിരുവനന്തപുരം.

ഡയറക്ടർ, വിവര പൊതുജന സമ്പർക്ക വകുപ്പ് (വ്യാപക പ്രചരണത്തിന്)

കരുതൽ ശേഖരം.

ഉത്തരവിൻ പ്രകാരം

സെക്ഷൻ ഓഫീസർ

പകർപ്പ് ബഹു. ആരോഗ്യ വകുപ്പ് മന്ത്രിയുടെ പ്രൈവറ്റ് സെക്രട്ടറിക്ക്

ആരോഗ്യ വകുപ്പ് അഡീഷണൽ ചീഫ് സെക്രട്ടറിയുടെ പി.എ-യ്ക്ക്



GOVERNMENT OF KERALA

DEPARTMENT OF HEALTH & FAMILY WELFARE

AWARD FOR BEST DOCTORS

GUIDELINES FOR SELECTION

Prepared by : State Health Systems Resource Centre - Kerala

*(for and on behalf of the Committee constituted for preparing guidelines
for the Best Doctors Awards vide GO(Rt) No. 677/2023/H&FWD dated
22/03/2023)*

A. Background

The Department of Health and Family Welfare, Govt. of Kerala, with the intention of identifying and honouring the exemplary services of eminent members of the medical fraternity, confers awards to 'The Best Doctors' in different categories each year. A doctors service becomes exemplary through their connect with their patients and their caregivers, the community they serve, and their colleagues. Their willingness to learn and keep learning, their passion to innovate, their commitment to the good of the community and their adherence to ethical standards is what makes them stand apart. In order to recognize such extraordinary service, the Department of Health & Family Welfare honours the best Doctors under the following categories.

Table (A) : Categories for Best Doctor Award

No.	Category	Amount
(a)	State Awards for the Best Doctor from the Health Services Department	15,000 INR
(b)	State Award for the Best Doctor from the Insurance Medical Service	15,000 INR
(c)	State Award for the Best Doctor from the Medical Education Department	15,000 INR
(d)	State Award for the Best Doctor working in Corporation Hospitals, RCC, Sree Chitra Institute of Medical Sciences and Technology	15,000 INR
(e)	State Award for the Best Doctor from the Dental Specialities	15,000 INR
(f)	State Award for the Best Doctor in the Private sector	15,000 INR

The guidelines for selection of awards are detailed below.

B. Who can be nominated

1. Any Doctor belonging to any of the 6 categories listed above can be nominated to the award in that particular category.
2. The nominated person should have a minimum service of 10 (TEN) years. [*Those with 5-10 years service may be nominated only if the services are considered extraordinary and honouring the concerned Doctor is considered extremely important in public interest.*]
3. One Doctor can be nominated to only one category of Award
4. Only those Doctors who haven't received any of these awards in the preceding 5 years shall be eligible to be nominated.

C. Who shall not be nominated

1. Any Doctor who has been issued a memo of charges and final decision is pending or has been punished under disciplinary grounds in the past 10 years.
2. Any Doctor who are facing any charges of corruption/misappropriation of government money.
3. Any Doctor who is facing criminal proceedings on any grounds.

It shall be the duty of the district level scrutiny committee to ensure that such nominations are not forwarded to the state level under any circumstances.

D. Who can nominate

Any of the following individuals/groups can nominate any doctor for awards in the concerned category

1. Patients/Patient organisations

2. Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public
3. Self

E. Method of nomination

1. Any person/group as listed above may nominate a doctor to the award under the concerned category
2. The nomination shall be submitted ONLY in the prescribed format as detailed below (*Separate nomination forms are prescribed for each category of applicants - see Annexures*). The nominations shall be neatly typed on A4 size paper.

Annexure 1 : Applicants from DHS

Annexure 2 : Applicants from Insurance Medical Service

Annexure 3 : Applicants from Medical Education Department

Annexure 4 : Applicants from Autonomous Sector

Annexure 5 : Applicants from Dental Specialities

Annexure 6 : Applicants from Private Sector

3. The nomination shall reach the District Medical Officer (Health) of the concerned district before the last date and time prescribed in the notification.
4. Nominations submitted to the state level directly or to any office other than the DMO(H) shall be summarily rejected (*except under clause E.11*)
5. The person/group nominating the doctor for the award shall fill all the relevant columns of the nomination form and shall attach proof of all claims of exemplary

performance. Claims without proof shall not be considered valid.

6. The person/group nominating the doctor shall enter the marks under each category (*subject to the maximum prescribed*) in Column A
7. They shall also submit a statement of achievement detailing reasons why they consider the doctor is eligible for the award. The statement shall not exceed 1500 words.
8. The person nominating the doctor (*or the authorised representative - if it is a group*) shall sign the completed application with date, complete name, complete postal address, mobile number, e-mail id, identity proof type and ID number. A self attested copy of the identity proof concerned shall be attached along with the application form. If a doctor nominates themselves for the award, they may sign both the statements themselves.
9. The immediate Superior Officer of the doctor nominated for the award shall add their mark (*subject to the maximum prescribed*) in Column B. After completing the entry of marks, the supervisor shall sign the statement of recommendation in the nomination form along with all details asked for.
10. Only applications complete in all respects shall be accepted during scrutiny at the district level.
11. The nominations of a State level officer can be submitted directly to the State Award Committee. The score card of such officers shall be filled up as follows.

Column A : The person nominating the doctor

Column B : The immediate supervisor

Column C : The Director concerned

12. The person nominating a Doctor for the award shall submit the nomination (*after filling up Column A*) to the head of the institution where the nominated Doctor is working. The remaining procedures shall be completed through the official channel. The person nominating the Doctor shall not be put to any hardship for the further processing of the nomination

F. Recommendation by second level supervisor

The marks in column C shall be entered by the second level supervisor of the doctor as detailed below.

1. Government Doctors

- a. For doctors under DHS: Dy DMO who has supervisory power of the particular institution/area*

- b. Medical College : Head of the department concerned*

- c. Insurance Medical Services : Regional Deputy Director, IMS/nominee*

2. Private Doctors

- a. Working in hospitals : Head of the hospitals concerned*

- b. Individual practice : Deputy DMO(H) in charge of the concerned area*

3. Corporation Hospitals, RCC, MCC, SCTIMST and other autonomous hospitals in Kerala under the State/Central Govts. in Kerala : *Head of the hospitals concerned*

4. If the nominated Doctor is the superintendent/Medical Officer in charge. Column B shall be filled up the Deputy DMO in charge of the area in which the hospital is situated

and column C shall be filled up by the senior most Deputy DMO.

G. Scrutiny at District Level

1. All applications received before the last date and time shall be scrutinized by a committee consisting of the following members.

Chairperson : DMO (Health)

Convener : Senior most Dy. DMO (Health)

Members :

- a. Principal of the Govt. Medical College in the district/nominee
 - b. One senior doctor from the Insurance Medical Service from the district nominated by the Regional Deputy Director (IMS)
 - c. One senior Doctor of high repute from the private sector in the district nominated by the DMO (Health)
2. The scrutiny committee shall scrutinize all applications received in detail. It shall be ensured that incomplete and late applications are not accepted. Any applications considered ineligible (*as per the clauses under Section C*) shall be summarily rejected.
 3. After detailed scrutiny of the applications/under each category, the district level scrutiny committee shall shortlist a maximum of 2 applications/category and forward to the Director of Health Services in a sealed cover accompanied by a copy of the minutes of the scrutiny committee meeting. The cover shall be superscribed "Nominations for Best Doctor Award _____ District". Inside the

sealed cover, nominations under each category shall be placed in separate covers or bundled separately.

4. If the scrutiny committee is of the opinion that there are no nominations worthy of recommendation to the State, they may record the same in the minutes and refrain from forwarding any nominations under that category.
5. It is not mandatory that 2 nominations need to be forwarded under each category. Only nominations found eligible may be forwarded (*Subject to a maximum of 2 per category*)

H. State Level Award Committee

1. Nominations recommended by the District Level Committee shall be scrutinized at the State Level consisting of the following members.

Chairperson : Additional Chief Secretary (Health & Family Welfare Department)/ Principal Secretary (Health & Family Welfare Department)

Convener : Director of Health Services

Members : a. State Mission Director (NHM)
b. Director of Medical Education
c. Director of Insurance Medical Services
d. Executive Director, SHSRC-Kerala
e. 2 Senior Doctors of repute nominated by the Government

2. The State Level Committee shall scrutinize all nominations received category wise on merit. Each nomination shall be evaluated based on the documents submitted along with the nomination and the recommendations of the district level committee.

3. The Committee may, if it feels fit, seek the opinion of any external expert - whose opinion shall be taken as a written statement or through an online meeting and shall be recorded in the minutes of the meeting. The external expert shall only give the opinion asked for by the committee and shall not be allowed to be a part of the deliberations of the committee.
4. In the event that the committee is not fully satisfied with the nominations received and/or identifies additional eligible candidates beyond those nominated, the committee will have the power to include such potential candidates into the list of candidates and take appropriate decision on the Awards after deliberations in the committee.
5. After detailed scrutiny, the Award committee shall unanimously recommend one Doctor from each category for the Award for Best Doctor.

I. Disqualification

1. Any attempt to influence the members of the District level scrutiny committee/State level award committee through any means shall lead to immediate disqualification of the candidate.
2. If it is found that the nomination contains any false/fabricated information, the nomination shall be immediately disqualified.
3. Use of any unfair means shall result in immediate disqualification of the applicant.

Annexure - 1



**GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH & FAMILY WELFARE
AWARD FOR THE BEST DOCTORS**

NOMINATION FORM

**Category : [A] Best Doctor from Health Service
Department**

SECTION [A]

Name of Person submitting nomination :

Category : *(tick whichever is applicable)*

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public
- Self

Score card :

Note:

- i) Nominations of Doctors from all 3 cadres (Administrative, Speciality and General) can be submitted in this form*

ii) Section A shall be filled up for all Doctors

iii) Section B1 to B4 shall be filled for the corresponding cadres

- B1 : Administrative Cadre Doctors in Hospital administration and Medical Officer-in charge of CHC/PHC/FHC
- B2 : Administrative Cadre Doctors in Public Health Administration
- B3 : Speciality & Super Speciality Cadre
- B4 : General cadre Doctors other than charge Medical Officer

1. Name of the Doctor :

2. Date of Birth :

3. Gender : Male Female Transgender

4. Educational Qualification :

Course	Name of Degree	College	University	Year of passing
a) Graduation				
b) Post Graduation 1				
Post Graduation 2				
c) Super Speciality				
d) Ph.D				
e) Other additional qualification (if any)	1			
	2			
	3			

	4			
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(Copy of certificates to be attached)

5. Details of service (*from the present backwards*) :

Name of Institution	Position	From	To

6. Details of special achievements (if any) in their area of work :

7. Key performance indicators for DHS staff (60 points) :

Col A : To be filled by the person nominating the Doctor

Col B : To be filled by the immediate supervisor

Col C : To be filled by the second supervisor (as in Sec F)

Sl. No.	Indicators	Max Marks	Col A	Col B	Col C	Total
1	Job Responsibility - satisfactory completion of the service expected from the present post.	5				
2	Quality of service, dedication and punctuality	5				
3	Setting up of work environment - proper utilization of physical and human resources	5				
4	Services rendered to the underserved and needy including service in difficult and remote and tribal areas	7				
5	Feasible policy proposals which may bring notable changes in the system	7				
6	Training imparted to subordinate staff and colleagues	3				
7	Active participation and involvement in critical situations	7				
8	Books/Publications/Newspaper articles written by the doctor	7				
9	Leadership qualities in various professional/social organisations	3				
10	Additional responsibilities held in service	5				
11	Innovative interventions in area of work	6				
	TOTAL	60				

SECTION [B]

Col A : To be filled by the person nominating the Doctor

Col B : To be filled by the immediate supervisor

Col C : To be filled by the second supervisor (as in Sec F)

B1 : Additional indicators for Administrative cadre doctors in Hospital Administration and Charge Medical Officers of CHC/PHC/FHC (40 points)

Sl. No	Indicators	Marks	Col A	Col B	Col C	Total
1	Qualification in addition to MBBS	5				
2	Utilisation of funds and resources					
2.a	<i>Utilisation of Plan funds</i>	4				
2.b	<i>Utilisation of Non-Plan funds</i>	4				
3	LSG Projects implemented as implementing officer	8				
4	Conduct of periodic HMC meetings/periodic staff meetings with minutes and records	5				
5	Attendance in meetings/trainings	5				
6	Team building in the institution	4				
7	Efforts for NQAS/other accreditation process	5				
	TOTAL	40				

B2 : Additional indicators for Administrative cadre doctors in Public Health Administration posts (40 points)

Sl. No	Indicators	Marks	Col A	Col B	Col C	Total
1	Qualification in addition to basic qualification required for the post	2				
2	Publications in their concerned speciality/Research papers	6				
3	Attendance of CMEs, workshops, trainings, conferences etc as invited faculty	5				
4	Attendance of CMEs, workshops, trainings, conferences etc as delegates	3				

Sl. No	Indicators	Marks	Col A	Col B	Col C	Total
5	Implementation of innovative solutions/current knowledge in Public health in their workplace	5				
6	Maintenance of public health related data and records	2				
7	Training of medical/paramedical/ allied medical staff/students/ trainees	3				
8	Utilisation of public health related funds and resources	3				
9	Implementation of public health related projects	6				
10	Innovative public health projects/schemes	5				
	TOTAL	40				

B3 : Additional indicators for Speciality (*Speciality and super speciality cadre*) (40 points)

Sl. No	Indicators	Marks	Col A	Col B	Col C	Total
1	Qualification in addition to basic qualification required for the post	2				
2	Publications/research papers owned in their concerned speciality	6				
3	Attendance of CMEs, workshops, trainings etc as invited faculty	5				
4	Attendance of CMEs, workshops, trainings etc as delegates	3				
5	Implementation of high-end technological interventions in the speciality at their workplace	10				
6	Proper maintenance of patient records/registers	2				
7	Training of medical/paramedical/ allied medical staff/students/ trainees	3				
8	DNB program (role as faculty/coordinator)	3				
9	Lead role in the conduct of/active participation in interdisciplinary meetings and boards with other specialities	3				
10	Role in development of institution/Quality accreditation	3				

	TOTAL	40				
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B4 : Additional indicators for General Cadre other than charge MOs (40 points)

Sl. No	Indicators	Marks	Col A	Col B	Col C	Total
1	Qualification in addition to MBBS	5				
2	Proper prescription and paper education	5				
3	Maintenance of patient records/relevant registers	5				
4	Active participation in various institutional activities/periodic staff meetings and HMC meetings/National programs and IEC activities/field level activities	10				
5	Attendance of CME programs, meetings and trainings	5				
6	Training of medical/paramedical/allied medical staff/students/ trainees	5				
7	Involvement in quality accreditation activities	3				
8	Involvement in team building activities	2				
	TOTAL	40				

8. Certificate

I/we certify that we have completed column A of the score card. I/we hereby certify that all the information given above are true to the best of my/our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination

Date :

Signature

Name :

On behalf of (*if representing a group*) :

Complete postal address :

Mobile No. :

e-mail ID :

Identity proof type & number (*please attach a self attested copy*)

N o.	ID Type	ID Number
1		
2		
3		

9. Acceptance by the Candidate

I give my consent for being considered for the Award for
Best Doctor

Date :

Signature

Name of Doctor :

Designation :

Official Address :

Mob No. :

e-mail ID :

10. Recommendation by the immediate supervisor

I certify that I have completed the column B if the
score card.

I recommend **Dr.**

..... for the

Best Doctor Award in the category for the reasons given

below:

Date :

Signature

Name :

Designation :

Official Address :

Mob No. :

e-mail ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award)

To be filled by the person nominating the Doctor and to be attached to the nomination form. (*with signature, name & date*)

Annexure - 2



**GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH & FAMILY WELFARE
AWARD FOR BEST DOCTORS**

NOMINATION FORM

**Category : [B] Best Doctor from Insurance Medical
Service**

Name of Person submitting nomination :

Category : (*tick whichever is applicable*)

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public
- Self

1. Name of the Doctor :
2. Date of Birth :
3. Gender : Male Female Transgender
4. Educational Qualification :

Course	Name of Degree	College	University	Year of passing
a) Graduation				
b) Post Graduation 1				
Post Graduation 2				
c) Super Speciality				
d) Ph.D				
e) Other additional qualification (if any)	1			
	2			
	3			
	4			

(Copy of certificates to be attached)

5. Details of service (*from the present backwards*) :

Name of Institution	Position	From	To

6. Details of special achievements (if any) in their area of work :

7. Key performance indicators for Insurance Medical Services

Col A : To be filled by the person nominating

Col B : To be filled by the immediate supervisor

Col C : To be filled by the second supervisor (as in Sec F)

Sl. No .	Indicators	Max Marks	Col A	Col B	Col C	Total
1	Job Responsibility - satisfactory completion of the service expected from the present post.	5				
2	Quality of service, dedication and punctuality	5				
3	Setting up of work environment - proper utilization of physical and human resources	5				
4	Services rendered to the underserved and needy including service in difficult and remote and tribal areas	7				
5	Feasible policy proposals which may bring notable changes in the system	7				
6	Training imparted to subordinate staff and colleagues	3				
7	Active participation and involvement in critical situations	7				
8	Books/Publications/Newspaper articles written by the doctor	7				
9	Scientific research articles in peer reviewed journals	5				
10	Leadership qualities in various professional/social organisations	3				
11	Innovative interventions in area of work	6				
12	Qualification in addition to MBBS	5				
13	Proper prescription and patient education	10				
14	Maintenance of patient records/ relevant registers	3				
15	Active participation in various institutional activities/ periodic staff meetings and HMC meetings/ National programs and IEC activities/ field level activities	7				
16	Attendance of CME programs, meetings and trainings	5				
17	Training of medical/ paramedical/ allied medical staff/ students/ trainees	5				
18	Involvement in National program	5				

	TOTAL	100				
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8. Certificate

I/we certify that we have completed column A of the score card. I/we hereby certify that all the information given above are true to the best of my/our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination

Date :

Signature

Name :

On behalf of (*if representing a group*) :

Complete postal address :

Mobile No. :

e-mail ID :

Identity proof type & number (*please attach a self attested copy*)

N o.	ID Type	ID Number
1		

2		
3		

9. Acceptance by the Candidate

I give my consent for being considered for the Award for Best Doctor.

Date :

Signature

Name of Doctor :

Designation :

Official Address :

Mob No. :

e-mail ID :

10. Recommendation by the immediate supervisor

I certify that I have completed the column B if the score card.

I recommend **Dr.**

..... for the

Best Doctor Award in the category for the reasons given

below:

Date :

Signature

Name :

Designation :

Official Address :

Mob No. :

e-mail ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award)

To be filled by the person nominating the Doctor and to be attached to the nomination form. (*with signature, name & date*)

Annexure - 3



**GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH & FAMILY WELFARE
AWARD FOR BEST DOCTORS**

NOMINATION FORM

Category : [C] Best Doctor from Medical Education

Name of Person submitting nomination :

Category : (*tick whichever is applicable*)

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public
- Self

1. Name of the Doctor :
2. Date of Birth :
3. Gender : Male Female Transgender
4. Educational Qualification :

Course	Name of Degree	College	University	Year of passing
a) Graduation				
b) Post Graduation 1				
Post Graduation 2				
c) Super Speciality				
d) Ph.D				
e) Other additional qualification (if any)	1			
	2			
	3			
	4			

(Copy of certificates to be attached)

5. Details of service (*from the present backwards*) :

Name of Institution	Position	From	To

6. Details of special achievements (if any) in their area of work :

7. The criteria for Best Doctor Award for doctors in Medical Education is as follows:

Col A : To be filled by the person nominating

Col B : To be filled by the immediate supervisor

Col C : To be filled by the second supervisor (as in Sec F)

Sl. No	Indicators	Max Marks	Col A	Col B	Col C	Total
1	Post Graduate qualification + 5 years of service	5				
2	DM/Mch/PhD	2				
3	Books published (in relation to medical field) (2 marks each)	6				
4	Scientific paper/article published related to medical field (1/2 mark each)	5				
5	Scientific papers presented in National and State conferences (1 Mark each)	5				
6	Participation as faculty in National/International conferences	5				
7	Work output (clinical/Lab/Academic activities)	5				
8	Leadership qualities in various professional/social organisations	3				
9	Special activities - organising Participatory seminar/workshop/Medical conference (2 marks each)	6				
10	Contribution made to society outside hospital (<i>conducting relief camp/ disaster management</i>) (2 marks each)	10				
11	Role in development of institution	10				
12	Visual media presentation (2 marks each)	4				
13	Introduction of new innovative methods	10				
14	Interaction and team building with students, faculty and public	5				
15	For carrying out projects (2 marks/ project)	5				
16	For college union activities Staff adviser/Warden/Bulletin	2				
17	Working in difficult area 1 mark/year	2				
18	KUHS Post VC/ Pro VC/Controller/Dean/ BOS/Senate Member/ Administrative post (DME/ JDME/Special officer/Principal/Vice Principal/ Superintendent/Deputy Superintendent/RMO/ARMO	2				
19	Innovative schemes and projects to improve facilities and quality of service in the institution	5				
20	Involvement in policy/guideline/protocol development in the concerned speciality	3				

	TOTAL	100				
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8. Certificate

I/we certify that we have completed column A of the score card. I/we hereby certify that all the information given above are true to the best of my/our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination

Date :

Signature

Name :

On behalf of (*if representing a group*) :

Complete postal address :

Mobile No. :

e-mail ID :

Identity proof type & number (*please attach a self attested copy*)

N o.	ID Type	ID Number
1		
2		
3		

9. Acceptance by the Candidate

I give my consent for being considered for the Award for Best Doctor.

Date :

Signature

Name of Doctor :

Designation :

Official Address :

Mob No. :

e-mail ID :

10. Recommendation by the immediate supervisor

I certify that I have completed the column B if the score card.

I recommend **Dr.**

..... for the

Best Doctor Award in the category for the reasons given

below:

Date :

Signature

Name :

Designation :

Official Address :

Mob No. :

e-mail ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award)

To be filled by the person nominating the Doctor and to be attached to the nomination form. (*with signature, name & date*)

Annexure - 4



**GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH & FAMILY WELFARE
AWARD FOR BEST DOCTORS**

NOMINATION FORM

Category : [D] Autonomous Sector

Name of Person submitting nomination :

Category : (tick whichever is applicable)

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public
- Self

1. Name of the Doctor :
2. Date of Birth :
3. Gender : Male Female Transgender
4. Educational Qualification :

Course	Name of Degree	College	University	Year of passing
a) Graduation				
b) Post Graduation 1				
Post Graduation 2				
c) Super Speciality				
d) Ph.D				
e) Other additional qualification (if any)	1			
	2			
	3			
	4			

(Copy of certificates to be attached)

5. Details of service (*from the present backwards*) :

Name of Institution	Position	From	To

6. Details of special achievements (if any) in their area of work :

7. Criteria for Private and Autonomous organisations:

Col A : To be filled by the person nominating

Col B : To be filled by the immediate supervisor

Col C : To be filled by the second supervisor (as in Sec F)

Sl · No	Indicators	Max Mar ks	Col A	Col B	Col C	Tota l
1	Job Responsibility - satisfactory completion of the service expected from the present post.	5				
2	Quality of service, dedication and punctuality	5				
3	Setting up of work environment - proper utilization of physical and human resources	5				
4	Services rendered to the underserved and needy including service in difficult and remote and tribal areas	7				
5	Scientific papers presented in National and State conferences (1 Mark each)	7				
6	Training imparted to subordinate staff and colleagues	4				
7	Active participation and involvement in critical situations	7				
8	Books/Publications/Newspaper articles written by the doctor	6				
9	Publications/ research papers owned in their concerned speciality	6				
10	Leadership qualities in various professional/social organisations	3				
11	Additional responsibilities held in service	5				
12	Proper prescription and patient education	6				
13	Qualification in addition to basic qualification required for the post	2				
14	Attendance of CMEs, workshops, trainings etc as invited faculty or delegate	5				
15	Service to society - including charity programs, youth outreach sessions and advocacy campaigns	10				
16	Implementation of high-end technological interventions in the speciality at their workplace	3				
17	Proper maintenance of patient records/ registers	2				
18	Training of medical/ paramedical/ allied medical staff/ students/ trainees	3				
19	Active participation in various institutional activities/ periodic staff meetings / IEC activities/ field level activities	3				

20	Lead role in the conduct of/ active participation in interdisciplinary meetings and boards with other specialities	3				
21	Role in development of institution/ Quality accreditation	3				
	TOTAL	100				

8. Certificate

I/we certify that we have completed column A of the score card. I/we hereby certify that all the information given above are true to the best of my/our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination

Date :

Signature

Name :

On behalf of (*if representing a group*) :

Complete postal address :

Mobile No. :

e-mail ID :

Identity proof type & number (*please attach a self attested copy*)

No.	ID Type	ID Number
1		
2		
3		

9. Acceptance by the Candidate

I give my consent for being considered for the Award for Best Doctor.

Date :

Signature

Name of Doctor :

Designation :

Official Address :

Mob No. :

e-mail ID :

10. Recommendation by the immediate supervisor

I certify that I have completed the column B if the score card.

I recommend **Dr.**

..... for the

Best Doctor Award in the category for the reasons given

below:

Date :

Signature

Name :

Designation :

Official Address :

Mob No. :

e-mail ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award)

To be filled by the person nominating the Doctor and to be attached to the nomination form. (*with signature, name & date*)

Annexure - 5



**GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH & FAMILY WELFARE
AWARD FOR BEST DOCTORS**

NOMINATION FORM

Category : [E] Dental Specialities

Name of Person submitting nomination :

Category : (*tick whichever is applicable*)

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public
- Self

1. Name of the Doctor :
2. Date of Birth :
3. Gender : Male Female Transgender
4. Educational Qualification :

Course	Name of Degree	College	University	Year of passing
a) Graduation				
b) Post Graduation 1				
Post Graduation 2				
c) Super Speciality				
d) Ph.D				
e) Other additional qualification (if any)	1			
	2			
	3			
	4			

(Copy of certificates to be attached)

5. Details of service (*from the present backwards*) :

Name of Institution	Position	From	To

6. Details of special achievements (if any) in their area of work :

7. Scoring criteria for Best Dentist Award

Col A : To be filled by the person nominating

Col B : To be filled by the immediate supervisor

Col C : To be filled by the second supervisor (as in Sec F)

Sl. No.	Indicators	Max Marks	Col A	Col B	Col C	Total
1	Job Responsibility - satisfactory completion of the service expected from the present post.	5				
2	Quality of service, dedication and punctuality	5				
3	Setting up of work environment - proper utilization of physical and human resources	5				
4	Services rendered to the underserved and needy including service in difficult and remote and tribal areas	7				
5	Feasible policy proposals which may bring notable changes in the system	7				
6	Training imparted to subordinate staff and colleagues	3				
7	Active participation and involvement in critical situations	7				
8	Books/Publications/Newspaper articles written by the doctor	7				
9	Leadership qualities in various professional/social organisations	3				
10	Additional responsibilities held in service	5				
11	Innovative interventions in area of work	6				
12	Qualification in addition to BDS	5				
13	Proper prescription and paper education	5				
14	Maintenance of patient records/ relevant registers	5				
15	Active participation in various institutional activities/ periodic staff meetings and HMC meetings/ National programs and IEC activities/ field level activities	10				
16	Attendance of CME programs, meetings and trainings	5				
17	Training of medical/ paramedical/ allied medical staff/ students/ trainees	5				
18	Involvement in quality accreditation activities	3				
19	Involvement in team building activities	2				
	TOTAL	100				

8. Certificate

I/we certify that we have completed column A of the score card. I/we hereby certify that all the information given above are true to the best of my/our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination

Date :

Signature

Name :

On behalf of (*if representing a group*) :

Complete postal address :

Mobile No. :

e-mail ID :

Identity proof type & number (*please attach a self attested copy*)

N o.	ID Type	ID Number
1		
2		
3		

9. Acceptance by the Candidate

I give my consent for being considered for the Award for Best Doctor.

Date :

Signature

Name of Doctor :

Designation :

Official Address :

Mob No. :

e-mail ID :

10. Recommendation by the immediate supervisor

I certify that I have completed the column B if the score card.

I recommend **Dr.**

..... for the

Best Doctor Award in the category for the reasons given

below:

Date :

Signature

Name :

Designation :

Official Address :

Mob No. :

e-mail ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award)

To be filled by the person nominating the Doctor and to be attached to the nomination form. (*with signature, name & date*)

Annexure - 6



**GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH & FAMILY WELFARE
AWARD FOR BEST DOCTORS**

NOMINATION FORM

Category : [F] Private Sector

Name of Person submitting nomination :

Category : (*tick whichever is applicable*)

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public
- Self

1. Name of the Doctor :
2. Date of Birth :
3. Gender : Male Female Transgender
4. Educational Qualification :

Course	Name of Degree	College	University	Year of passin

				g
a) Graduation				
b) Post Graduation 1				
Post Graduation 2				
c) Super Speciality				
d) Ph.D				
e) Other additional qualification (<i>if any</i>)	1			
	2			
	3			
	4			

(Copy of certificates to be attached)

5. Details of service (*from the present backwards*) :

Name of Institution	Position	From	To

6. Details of special achievements (if any) in their area of work :

7. Scoring criteria for Best Doctor from the Private Sector

Col A : To be filled by the person nominating

Col B : To be filled by the immediate supervisor

Col C : To be filled by the second supervisor (as in Sec F)

Sl · No	Indicators	Max Mar ks	Col A	Col B	Col C	Tota l
1	Job Responsibility - satisfactory completion of the service expected from the present post.	5				
2	Quality of service, dedication and punctuality	5				
3	Setting up of work environment - proper utilization of physical and human resources	5				
4	Services rendered to the underserved and needy including service in difficult and remote and tribal areas	7				
5	Scientific papers presented in National and State conferences (1 Mark each)	7				
6	Training imparted to subordinate staff and colleagues	4				
7	Active participation and involvement in critical situations	7				
8	Books/Publications/Newspaper articles written by the doctor	6				
9	Publications/ research papers owned in their concerned speciality	6				
10	Leadership qualities in various professional/social organisations	3				
11	Additional responsibilities held in service	5				
12	Proper prescription and patient education	6				
13	Qualification in addition to basic qualification required for the post	2				
14	Attendance of CMEs, workshops, trainings etc as invited faculty or delegate	5				
15	Service to society - including charity programs, youth outreach sessions and advocacy campaigns	10				
16	Implementation of high-end technological interventions in the speciality at their workplace	3				
17	Proper maintenance of patient records/ registers	2				
18	Training of medical/ paramedical/ allied medical staff/ students/ trainees	3				
19	Active participation in various institutional activities/ periodic staff meetings / IEC activities/ field level activities	3				

20	Lead role in the conduct of/ active participation in interdisciplinary meetings and boards with other specialities	3				
21	Role in development of institution/ Quality accreditation	3				
	TOTAL	100				

8. Certificate

I/we certify that we have completed column A of the score card. I/we hereby certify that all the information given above are true to the best of my/our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination

Date :

Signature

Name :

On behalf of (*if representing a group*) :

Complete postal address :

Mobile No. :

e-mail ID :

Identity proof type & number (*please attach a self attested copy*)

N o.	ID Type	ID Number
1		
2		
3		

9. Acceptance by the Candidate

I give my consent for being considered for the Award for Best Doctor.

Date :

Signature

Name of Doctor :

Designation :

Official Address :

Mob No. :

e-mail ID :

10. Recommendation by the immediate supervisor

I certify that I have completed the column B if the score card.

I recommend **Dr.**

..... for the

Best Doctor Award in the category for the reasons given

below:

Date :

Signature

Name :

Designation :

Official Address :

Mob No. :

e-mail ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award)

To be filled by the person nominating the Doctor and to be attached to the nomination form. (*with signature, name & date*)