<u>Model</u>

Note: Please use this format. One soft copy of the filled in application form with all enclosures titled Nomination for Awards-2015 should be sent to thmedicalcouncil@gmail.com and 2 sets of hard copy addressed to the Chairman, Awards Committee, Tamil Nadu Medical Council, 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-2015 for the Best Doctors" called for by the Tamil Nadu Medical Council

_	Nama					
1.	Name	:		(without prefixing Dr	/Mr/Mrs and	initials at the end)
						Recent passport size photo of applicant
2.	Father's / Hus	band's Name	: .			
3.	Date of Birth(DDMMYYYY)	: .			
4.	Sex:		: .			
5.	Tamil Nadu M	ledical Counci	I			
	Registra	ation 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, ethic convictions? If yes, give detail	al, professional misconducts and/ or criminal cases/s.
1.	
11. Category of Award for which a	applied:
Category Applied	
Please note: One candidate c	an apply in one Category only.

Categories of Awards:

Category	Details of Award
Category I	Best Teacher Award from Government teaching institutions under Director of Medical Education side
Category II	Best Doctor Award from non teaching Government Institutions under the Director of Medical and Rural Health Service and Director of Public Health Side
Category III	Best Doctor Award from Non Government Private Practitioners
Category IV	Best Doctor Award from Non Government Private Practitioners in Non Corporation areas
Category V	Best Doctor Award from Govt. Rural Primary Health centre or Private Practitioners in Non-corporation/ Non Municipal areas

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

SNo	Details of the office issued the awards	
Modia	al Tayt backs Aut	
SNo		hored/Co-authored(please specify details) Details of the Topics/ Chapters
Paper SNo		exed Journals: (please specify details) Details of the papers published
	İ	
Lectu Natio SNo	res/ Presenting p nal/ International Natails of the Conferences	apers/ Chairing Scientific Sessions in State Medical Conferences. Details of the Topics (please state presented lecture/chaired etc)

ix.		vices in Hills and T Place and period		
х.		•	dian Medical As Association, Specia	sociation, Tamil
	SNo	Name of the organization		No of years / Peri
xi.	Me		Red Cross/ Rotary/	
xi.			Red Cross/ Rotary/ Capacity (Designation in the	
Ki.	Me SNo	embership in NGO/ Name of the organization	Red Cross/ Rotary/ Capacity	No of years / Peri

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

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