

To,

The Dean

Shyam Shah Medical College,

Rewa(M.P.)

**Subject - Application for "SSMC Rewa 1967 Batch- Scroll of Honor"**

Instructions:

- 1) All information is compulsory
- 2) Attach relevant documents where it is mandatory
- 3) Assessment shall not be done in the absence of copy of documents

**1) Particulars of Applicant-**

|                                |                   |    |
|--------------------------------|-------------------|----|
| Name                           |                   |    |
| Designation                    |                   |    |
| Department                     | Paste your recent |    |
| Date of birth                  |                   |    |
| Age at the time of application | YY                | MM |

**2) Academic Qualification  
(For current year – 1<sup>st</sup> Dec-  
30<sup>th</sup> Nov)**

| Examination                          | Percentage | Attempt(s) | Certificate Enclosed** | For Assessor(s) |
|--------------------------------------|------------|------------|------------------------|-----------------|
| DM/MCh/DNB(Super Speciality)         |            |            | Yes/No                 | Marks out of 10 |
| Fellowship(training 8 weeks or more) |            |            | Yes/No                 | Marks out of 5  |

**3) Paper Publications**

| Details | To be filled by Applicant | Paper Enclosed** | For Assessor(s)- |
|---------|---------------------------|------------------|------------------|
|---------|---------------------------|------------------|------------------|

|   |  |        |                                       |
|---|--|--------|---------------------------------------|
|   |  |        | Total 20 marks                        |
| No. of Original Research Paper/ Articles as first author in an Indexed Journal            |  | Yes/No | Out of 12<br>(Max. 3 per publication) |
| No. of Original Research Paper/ Articles as other than first author in an Indexed Journal |  | Yes/No | Out of 8<br>(Max. 2 per publication)  |

**4) Participation in International/National/State level conference/ Activity :**

| Activity                             | State level | National level | International level | Certificate Enclosed** | For Assessor(s)<br>Total 10 marks |
|--------------------------------------|-------------|----------------|---------------------|------------------------|-----------------------------------|
| No. of Paper(s) presented            |             |                |                     | Yes/No                 | 2 marks per activity              |
| No. of Scientific Session(s) chaired |             |                |                     | Yes/No                 |                                   |
| No. of Lectures Delivered            |             |                |                     | Yes/No                 |                                   |

**5) Awards/ Position of Honour (Position: President/ Vice President/Secretary/Joint Secretary)**

| Awards/Position of Honor | State level<br>(1 mark) | National level<br>(2 marks) | International level(3 marks) | Certificates Enclosed** | For Assessor(s)<br>(out of 10) |
|--------------------------|-------------------------|-----------------------------|------------------------------|-------------------------|--------------------------------|
| No. of Awards            |                         |                             |                              | Yes/No                  |                                |
| No. of Position          |                         |                             |                              | Yes/No                  |                                |

**6) Participation in College extra-curricular activities(Sports/Cultural/Fine Arts etc.)**

| Activity   | Role(as Active Participant) | For Assessor(s)<br>Total 10 marks |
|------------|-----------------------------|-----------------------------------|
| Sports     |                             | Maximum 2 marks per activity      |
| Fine Arts  |                             |                                   |
| Cultural   |                             |                                   |
| Scientific |                             |                                   |
| Literary   |                             |                                   |

**7) Institutional administrative responsibilities delegated by Dean/Superintendent:**

| S.No. | Institutional administrative responsibilities (in brief) and responsibilities of Extra curricular activities | Copy of Order Enclosed** | For Assessor(s) (out of 10) (5 by Dean and 5 by Superintendent) |
|-------|--|--------------------------|---|
| 1)    |  | Yes/No                   |   |
| 2)    |  | Yes/No                   |   |
| 3)    |  | Yes/No                   |   |
| 4)    |  | Yes/No                   |   |
|       |  |                          |   |
| 5)    |  | Yes/No                   |   |
| 6)    |  | Yes/No                   |   |
| 7)    |  | Yes/No                   |   |
|       |  |                          |   |
| 8)    |  | Yes/No                   |   |
| 9)    |  | Yes/No                   |   |
| 10)   |  | Yes/No                   |   |

**8) Departmental Administrative/Academic responsibilities delegated by HOD**

| S.No. | Departmental Administrative responsibilities (write in brief) | Assessment by Respective HOD (out of 10) |
|-------|---|--|
| 1)    |   |  |
| 2)    |   |  |
| 3)    |   |  |

|    |  |  |
|----|--|--|
| 4) |  |  |
|----|--|--|

9) **Participation in grant-in research projects:**

| Role                   | No. of Projects | Copy of Approval letter** | For Assessor (out of 10) |
|------------------------|-----------------|---------------------------|--------------------------|
| Principal Investigator |                 | Yes/NO                    |                          |
| Co- PI                 |                 | Yes/No                    |                          |

10) **Student Feedback (from students of Professional in which faculty department comes)**

(out of 5)

Signature of Applicant

Date:

Place:

**DECLARATION BY APPLICANT**

Myself Dr. .... hereby declare that the above information (serial no.1 to 10) is correct. Any information found wrong at any time, my application is liable for rejection immediately.

Signature of Applicant

Date:

Place: