

To,

The Dean
Shyam Shah Medical College,
Rewa (M.P.)

Subject- Application for “SSMC Rewa 1967 Batch- Scroll of Honor”

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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		
Date of Birth		
Age at the time of application	YY	MM

Paste your recent
Photograph

2) Academic Qualification (Percentage/ Attempts)

Examination	Percentage	Attempt(s)	Certificate Enclosed**	For Assessor(s)
MBBS (1 st Prof.)			Yes/No	Marks Out of 5:
MBBS (2 nd Prof.)			Yes/No	
MBBS (Final Part-1 & 2)			Yes/No	
MD/MS/DNB (Broad Specialty)			Yes/No	Marks Out of 5:
DM/MCh/ DNB (Super Specialty) / Fellowship			Yes/No	Marks Out of 10:

3) Paper Publications:

Details	To be filled by applicant	Paper Enclosed**	For Assessor(s)
No. Original Research Paper/Articles as First Author in an Indexed Journal		Yes/No	Out of 10:
No. Original Research Paper/Articles as other than First Author in an Indexed Journal		Yes/No	Out of 10:

4) Participation in International/National/State level Conference/Activity:

Activity	State Level	National Level	International Level	Certificates enclosed**	For Assessor(s)
No. of Paper (s) Presented				Yes/No	Out of 10:
No. of Scientific Session (s) chaired				Yes/No	
No. of Lecture(s) Delivered				Yes/No	

**Mandatory

5) Awards/Fellowship:

Awards/Fellowship	State Level	National Level	International Level	Certificates enclosed**	For Assessor(s)
No. of Awards				Yes/No	Out Of 10:
No. of Fellowship				Yes/No	

6) Participation in college extra-curricular Activities (Sports/Cultural/Fine Arts etc.)

Activity	Role/responsibility in the activity (Use additional Sheets if required)	For Assessor(s)
Sports		Out Of 10:
Fine Arts		
Cultural		
Scientific		
Literary		

7) Institutional administrative responsibilities delegated by Dean/Superintendent:

Sr.No	Institutional administrative responsibilities (in brief)	Copy of order Enclosed**	For Assessor (Out of 10) (5 by Dean & 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 ~~Dean/Superintendent~~ HOD

Sr.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 Project	Copy of Approval Letter**	For Assessor (Out of 10)
Principle Investigator		Yes/No	
Co-PI		Yes/No	

Signature of Applicant

Date:

Place:

Declaration by Applicant

Myself Dr..... hereby declare that above information (Sr.1 to 8) filled by me is correct. Any information found wrong at any time, my application is liable for rejection immediately.

Signature of Applicant

Date:

Place:

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