

THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY

TEACHERS DAY CELEBRATIONS – September 5th 2012

Names of nominees for Life-Time Achievement Awards, Best Teacher Awards from your institutions (with Bio-data) may kindly be sent to The Registrar, The Tamilnadu Dr. M.G.R. Medical University, 69, Anna Salai, Guindy, and Chennai – 600032, on or before 31.08.2012 through post . A copy of the same should also be sent through email ID: cddmgr@gmail.com

Applications must be in the prescribed format enclosed below.

CRITERIA FOR LIFE-TIME ACHIEVEMENT AWARD

- Nominee should be a qualified person in the concern field of either UG/PG or similar
- Nominee must be at least 60 yrs of age and put in at least 30 years of service in the respective field.
- Nominee should be either Teaching, Practicing or involved in the Respective field.
- Nominee should possess significant contribution in his/her name in the concerned field.. The impact and magnitude of such contributions must be extraordinary.
- Awards may also be given posthumously.
- Previous winners are ineligible to receive this specific award again.
- Only one applicant from each institution

THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY

APPLICATION FORM FOR 'LIFE-TIME ACHIEVEMENT AWARD'

1. Name (In Block letters) :

2. Age with date of birth :

Affix a recent
self attested
passport size
color photo

3. Complete Present Address for communication :
(with Pin Code Telephone Number & Email)

4. Complete Permanent Address
(with Pin Code, Telephone Number).

5. Name & Complete Address of
Hospital/Institution where working
Telephone Number (Office)
E- Mail Address if any

6. Post held at present

7. Whether retired if so, the date of
retirement

8 Post held at the time of Retirement

9. Details of experience

10. Professional qualifications

11. Membership with professional
Organization

12. Any other achievements

13. Resume of the Applicant enclosed separately: Yes / No

Signature of the Applicant

CRITERIA FOR BEST TEACHER AWARD

- Teacher with minimum of 15 years of experience
- Participation/Presentation in National / International Conferences/Seminars, publications, other contributions etc. may be quoted
- Any previous awards, honours must be mentioned
- Only one applicant from each institution

THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY

APPLICATION FORM FOR “BEST TEACHER AWARD”

1. Name and Designation

Affix a recent self attested passport size color photo
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2. Name of the College/Institution

3. Date of Birth

4. Length of service in teaching,
research and extension (service in
various cadres may be given)

5. Academic qualifications and
subjects of specialization

6. Titles of Master's / Doctoral
thesis along with the name of
University that awarded the degree

7. Research work done other than that
for P.G degree

8. List the Research publication (list to be
enclosed) giving the names of all
authors, title, year and name of the
journal with pages

9. List the Papers presented at Conferences
Seminars, Symposia at national and
International level

10. List of books, bulletins, status, reports and popular articles published
11. No of PG/Ph.D students on hand as guide
12. Organization of workshops, Seminars etc..
13. Any other achievements/awards:

SIGNATURE OF THE APPLICANT

Forwarded by Head of the Institution

BEST DOCTOR AWARD

- The nominee must possess minimum 5 years of experience after UG Degree
- Previous honours, awards if any may be mentioned
- Participation/Presentation in National / International Conferences/Seminars, publications, other contributions etc. may be quoted

THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY

APPLICATION FORM FOR 'BEST DOCTOR AWARD'

1. Name and Designation

Affix a recent self
attested passport size
color photo

2. Name of the Hospital

3. Date of Birth

4. Duration of Service and particulars

5. Professional qualifications with year

6. Papers presented at Conferences
Seminars, Symposia at national and
International level

7. List of books, bulletins, status,
reports and popular articles
published. If any

8. Innovation made in improving the medical care
delivery – name outstanding innovations

9. Any other specific Achievements/Awards

SIGNATURE OF THE APPLICANT