

APS PROFORMA

1. Name of the Faculty:
2. Designation & Department:
3. Date of Joining at AIIMS Bathinda:
4. Date of Birth:
5. (i) Registration No. & Date
(ii) Central/State Medical Council in which registered
6. **Educational Qualifications (Only Degrees and Diplomas awarded through a course of study, examination or research to be included) :-**

Examination Passed	Year of Passing	No. of Attempts	University/institution
(a) Undergraduate Career			
(b) Postgraduate Career			

7. Experience (Starting from Assistant Professor onwards in AIIMS Bathinda) :-

Post Held (Indicate Temporary/Permanent)	Period		Total Period			Employer Name
	From	To	Years	Months	Days	

8. Additional qualification such as :
Membership of scientific society

9. Publications: Number of Papers :
(Only include papers published in the period under review).

	Published		Accepted for Publication (With Proof)	Presented at Conferences
	Indexed	Non-Indexed		
National				
International				
Total				

10. Papers Published (Details):

(a) Work done outside AIIMS Bathinda (but published during the period under review) should be marked with an * in the Serial Number Column.

(b) Only include papers published in the period under review.

Sl. No.	List of Papers in Vancouver style	Type of paper(Original article/ review / case report/ editorial)	Impact Factor

11. Chapter in Books/Books Edited :

12. Work Teaching: Please be as accurate as possible. If not applicable, state NA.

(a) Didactive Lectures Delivered (Per Year) :

(b) Participation in Departmental, Institutional :
Programs sponsored by National Associations
& other educational Institutions, educational
exercises i.e., continuous Medical Education,
Grand rounds, seminars, workshop

- (c) Clinical Teaching Experience :
- (d) Inter-Departmental Teaching :
- (e) Visiting Professorship :
- (f) Question Bank Formation :
- (g) Production of teaching Material/ Books/ Monographs / Teaching Manuals :
- (h) Innovation in teaching methods introduced :
- (j) Thesis/dissertation guided in the period under Review .

SI.No.	Ph.D/MD/MS/ICMRSTS	Guide/Co-guide	Title of thesis /dissertation/Project

- (k) CME/Workshop conducted during period under review :

SI.No.	Name of CME/Workshop	Dates	Role of the Faculty

13. Patient Care Services (If not applicable- write NA)

- OPD Clinic attended / Month :
- IPD duties assigned & done / Month :
- Procedures / Surgeries undertaken :
- New Technique Developed :
- New Services Started, Creation of disease management programmes :
- Destination Programs(High Excellence) :
- Interdisciplinary clinical treatment that are pace setters for other systems to adopt. :
- Development of new care models/ care delivery methods :

14. Grants obtained as Principal Investigator :-

Sl.No.	Title of the project	Intramural /Extramural	Name of Agency	Amount

15. Grants obtained as Co-investigator :-

Sl.No.	Title of the project	Intramural /Extramural	Name of Agency	Amount

16. Highlights of your research/any other Major contribution :

(a) Awards/recognition/honors with year of the award

(b) State your contribution to AIIMS Bathinda and your plans in not more than 250 words (use a separate sheet)

DECLARATION

I hereby declare that the above information is true, complete, and correct to the best of my knowledge and belief and that I have only included information on work done during the period under review.

Place:
Date

Signature of the Applicant

Signature
Name, Designation & Office Seal

Comments of (Head of the Dept. /Officer 1/C
of Dept.):

Signature
Name, Designation & Office Seal
of the Recommending & Forwarding
Authority (Head of the Dept. /Officer 1/C of Dept.):