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|  | **अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)** **All India Institute of Medical Sciences, Raipur (Chhattisgarh)** Tatibandh, GE Road,Raipur - 492 099 (CG)[www.aiimsraipur.edu.in](http://www.aiimsraipur.edu.in)  |

 No. 23/41/2020-21/Admin/ Date: December, 2020

PROFORMA FOR APS FOR THE PERIOD-

# Name of the Faculty

1. Designation & Department
2. Date of Joining at AIIMS Raipur
3. Date of Birth
4. i)Registration No. & Date

ii) Central/State Medical Council in which registered

1. Educational Qualifications (Only Degrees and Diplomas awarded through a course of study, examination or research to be included)

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| Examination Passed | Year if Passing | Number of Attempts | University/Institution |
| a) Undergraduate Career |  |  |  |
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| b) Postgraduate Career |  |  |  |
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1. Experience (Starting from Assistant Professor):

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| Post Held (IndicateTemporary/Permanent) | Period | Total Period | Employer Name |
| From | To | Years | Months | Days |
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1. Additional qualification such as Membership of scientific society
2. Publications: Number of Papers

(Only include papers published during the period under review).

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|  | Published | Accepted for Publication(With Proof) | Presented atConferences |
| Indexed | Non-indexed |
| National |  |  |  |  |
| International |  |  |  |  |
| T’otal |  |  |  |  |

1. Papers Published (Details) :
	1. Work done outside AIIMS Raipur (but published during the period under review) should be marked with an\* in the serial number column.
	2. Only include papers published in the period under review.

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| SI.No. | List of Papers in Vancouver style | Type of paper (Original article/ review/ case report/ editorial) | Impact Factor |
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1. Chapter in Books/Books edited
2. Teaching: Please be as accurate as possible. If not applicable state NA.
	1. Didactive Lectures Delivered (Per Year)
	2. Participation in Departmental, lnstitutional ›

Programs sponsored by National Associations & other educational Institutions, educational exercises i.e. continuous Medical Education, Grand rounds, seminars, workshop

* 1. Clinical Teaching Experience
	2. Inter-Departmental Teaching
	3. Visiting Professorship

r) Question Bank formation

1. Production of teaching Material / Books

/ Monographs / Teaching Manuals

1. Innovation in teaching methods introduced .
2. Thesis/dissertation guided in period under Review.

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| SI.No. | Ph.D/MD/MS/ ICMR STS | Guide/Co-guide | Title of thesis/dissertation/Project |
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1. CME/Workshop conducted during period under review

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| SI.No. | Name of CME/Workshop | Dates | Role of the Faculty |
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1. Patient Care Services (If not applicable- write NA)

**(i) Clinical**

* 1. OPD Clinics attended per Month
	2. IPD duties assigned & done per Month
	3. Procedures / Surgeries undertaken
	4. New Technique Developed
	5. New Services Started, Creation of disease management programmes

 Destination Programs (High Excellence)

1. Interdisciplinary clinical treatment

that are pace setters for other systems • to adopt.

1. Development of new care models/ care delivery methods

**(ii) Para Clinical**

 (a) Work Load

 (b) New diagnostic tests/techniques introduced

1. Grants obtained as Principal Investigator

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| SI.No. | Title of the project | Intramural/Extramural | Name of Agency | Amount |
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1. Grants obtained as Co-investigator

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| SI.No. | Title of the project | Intramural/Extramura1 | Name of Agency | Amount |
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1. Corporate activities:
2. Highlights of your research/any other Major contribution
	1. Awards/recognition/honours with year of award
	2. State your contribution to AIIMS Raipur and your future plans in not more than 250 words (use separate sheet)

DECLARATION

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

Place :

Date

Signature

Name, Designation & Office Seal

of the Recommending & Forwarding

Authority (Head of the Dept. /Officer I/C of Dept.):

**Signature of the Applicant**