Annexure-II

अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR
स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक सांविधिक निकाय
(A Statutory Body under aegis of Ministry of H & F.W., Govt. of India)
सिजुआ, डाक: डुमुडुमा, भुवनेश्वर, ओडिशा - ७५१०१९
SIJUA, POST-DUMUDUMA, BHUBANESWAR, ODISHA-751019

Application form for consideration for promotion under APS to the grade of _____

1. Name in block letters: -

Dr.																			

2. (a) Department:

(b) Present designation: -

(c) Date of Joining at this Institute:

(d) Date of Joining on Present designation:

3. Date of Birth (DD/MM/YYYY)

4. Name of Central/ State Medical Council in which Registered, Registration No. & Date:

_____

Educational Qualification: - (Please tick the relevant Degrees)

Name of the Examination	Subject/ Discipline/Title	University/ Institute/ College	Month & Year of Passing final Examination	No. of attempts	Class/ Division /Grade
BDS/ M.B.B.S					
MDS/ M.D./M.S./ DNB					
D.M./ M.Ch					
M.Sc.					
Ph.D.					
Any other examinations(s)					

5. Employment details at AIIMS Bhubaneswar (starting from Current Designation): -

Designation	Experience		Details of Extra Ordinary Leave without pay and CCL during assessment period, if any
	From (DD/MM/YYYY)	To (DD/MM/YYYY)	

6. **Service delivery** (Strike out whatever is not applicable):-

(A) Patient Care Service during period under review for faculty of **healthcare providers/ Clinical Departments (**i.e., CM&FM, Medicine and sub specialties, Surgery and sub specialties, Obs & Gynae, Radiology and Imaging, Nuclear Medicine and Super specialties):

i. OPD/IPD/Surgeries attended per month:
ii. New Techniques developed/ New Services Started/ Development of New Case Models/ Innovation:
iii. Interdisciplinary clinical treatment:
iv. Camps/ Outreach patient care:
v. Any other:

(B) Service delivery during period under review for faculty of **Para-clinical services Departments (i.e.,** FMT, Pathology, Pharmacology and Microbiology):

i. Work Load:
ii. New Diagnostic test/ technique introduced:
iii. Any other:

(C) Service delivery during period under review for faculty of **Basic Sciences Departments-** (i.e., Anatomy, Biochemistry and Physiology):

i. Work Load:
ii. Any other:

7. Publication and Research Work (during the assessment period):

7.1- Published in Indexed Journals only: Please do not mention any article below if you are not first/ corresponding author/ lead author.

Research Papers	Indexing/ Publishing Agency	Name of the Journal	Title of Publication	Year of Publication	Original Article (Yes/ No)	1st or Corresponding Author (CA)	Copy Attached (Yes/ No)	Impact Factor	ISSN/ ISBN Number
Abstracts									

7.2- Published in Indexed Journals only: Please mention any article below if you are as a co-author where you are not the first/ corresponding author/ lead author.

Research Papers	Indexing/ Publishing Agency	Name of the Journal	Title of Publication	Year of Publication	Original Article (Yes/ No)	1st or Corresponding Author (CA)	Copy Attached (Yes/ No)	Impact Factor	ISSN/ ISBN Number
Abstracts									

7.3- Published in Non-Indexed Journals: Please do not mention any article below if you are not first/ corresponding author/ lead author.

Research Papers	Publishing Agency	Name of the Journal	Title of Publication	Year of Publication	Original Article (Yes/ No)	1st or Corresponding Author (CA)	Copy Attached (Yes/ No)	Impact Factor	ISSN/ ISBN Number
Abstracts									

7.4- Published in Non-Indexed Journals: Please mention any article below if you are as a co-author where you are not the first/ corresponding author/ lead author.

Research Papers	Indexing/ Publishing Agency	Name of the Journal	Title of Publication	Year of Publication	Original Article (Yes/ No)	1st or Corresponding Author (CA)	Copy Attached (Yes/ No)	Impact Factor	ISSN/ ISBN Number
Abstracts									

Chapter in Books	**Publishing Agency**	**Name of the Book**	**Title of Chapters**	**Year of Publication**	**Page No.** (From – To)	Main Author / Co-Author	**Copy Attached (Yes/ No)**	**ISSN/ ISBN Number**

((a) Text Books (b) Educational Books)	**Publishing Agency**	**Name of the Book**	**Year of Publication**	**Page No.** (From – To)	Main Author / Co-Author	**ISSN/ ISBN Number**

- Information regarding Additional Publication may be produced in separate sheet, if required.

8. Research Projects as Chief Investigator/Co-investigator (during the assessment period for the present promotion):

Name of Project	Funding Agency	Year / Duration	Chief Investigator/Co-investigator	Year of Publication / Ongoing	Extramural	Total Amount

Name of Project	Funding Agency	Year / Duration	Chief Investigator/Co-investigator	Year of Publication / Ongoing	Intramural	Total Amount

9. Additional Projects, if any:

10. Awards, fellowships and membership of professional bodies: -

11. Membership of Editorial boards of indexed international journals/Review Committees at National bodies and Institutions: -

12. Invited speaker/ Examiner/ Visiting Professorships (during the assessment period)

13. Describe you most notable contribution in **Teaching and Training** including fellowship/ PhD enrolled/ Mentoring/ Guidance provided to the students (during the assessment period): -

14. **Corporate Activities (during the review period):**

i. Involvement in Institutional work, National and International Scientific, Educational and Health care institutions:

ii. CME/ Workshops/ Conferences:

15. **List of enclosures:**

1.

2.

3.

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place: Signature:

Date: Name of the Candidate:
(IN BLOCK LETTERS)

Comments of Head of the Department / Officer In-charge of the Department

Signature with Stamp