****

**AOMSI FELLOWSHIP**

SELF ASSESSMENT FORM

|  |  |  |
| --- | --- | --- |
|  | Name (in Block Letters): |  |
|  | Date and Place of Birth : |  |
|  | Sex: Male/ Female  |  |
|  | Father’s Name : |  |
|  | Mother’s Name : |  |
|  | Marital Status : |  |
|  | Institute : BDS MDS Experience in a cancer centre : Have u assisted cancer cases :  |  |

 **No of cancer cases assisted /. Performed :**

 **Experience with other Maxillofacial procedures:**

**1. ACADEMIC QUALIFICATIONS:** **(Max Points: 110)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Examination** | **Name of the Board/ University** | **Year of passing** | **Points** |
| Graduation$ |  |  |  |
| Post Graduation# |  |  |  |
| Total |  |  |  |

Calculation of Points:

$: Divide the percentage of total marks by 2 and minus 5 points for each attempt.

#: Minus 10 for each additional attempt

**2. Research Publications**

Published Papers in Journals **(Max Points: 20)**

Calculation of points:

2 points for peer reviewed journal & 4 points for each PubMed indexed journal as first author. In case of any authorship other than first divide points by 2.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Title with page nos.** | **Journal** | **ISSN/ ISBN No.** | **Whether peer reviewed. Impact factor, if any.** | **Authorship** | **Points** |
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**3. Participation in Training Course (Not less than one week): (Max points: 10) 2 points each**

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| --- | --- | --- | --- |
| **S.No.** | **Programme**  | **Organiser(s)** | **Points** |
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**4. Papers/Posters Presented in Conference: Max points 20** (Each International / National conference 5 marks, Regional/State level conference 2 marks)

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| --- | --- | --- | --- | --- | --- |
| **S.No** | **Title of Paper** | **Title of Conference** | **Organizer(s)** |  **International/ National/ State/ Regional** | **Points** |
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**5. Post graduation performance points (Max Points: 20)**

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| --- | --- |
| **1.Journal clubs (1point each with maximum of 5 )** |  |
| **2.Seminars(2 points each with max. of 10 points)** |  |
| **3.Case presentations(1point each with max of 5)** |  |
| **Total**  |  |

**6. Selection criteria: (Max points 20)**

Add 5 points for selection through government entrance test and 10 marks for a merit position in first 20 in national entrance & in first 5 in state entrance test.

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| --- | --- |
| **BDS** |  |
| **MDS** |  |
| **Total** |  |

**7. Summary of points**

|  |  |  |
| --- | --- | --- |
|  | **CRITERIA** | **POINTS** |
| 1 |  Academic Qualifications ( Max 110) |  |
| 2 | Research Publications (Max 20) |  |
| 3 | Training Courses | (Max 10) |  |
| 4 | Paper/Poster | (Max 20) |  |
| 5 | PG performance | (Max 20 ) |  |
| 6 | Selection Criteria | (Max 20) |  |
| 7 | Total | 200 |  |

**Part-C: Other Relevant Information**

Please give details of any other credential, significant contributions, awards received etc. not mentioned earlier.

|  |  |
| --- | --- |
| **S. No** | **Details (Mention Year, Value etc. where relevant)** |
|  |  |
|  |  |
|  |  |

(Attach documentary proof in support of the information provided by you in this proforma)

**List of Enclosures**: (Please attach self attested copies of certificates wherever necessary)

1. 6.

2. 7.

3. 8.

4. 9.

5. 10.

I certify that the information provided is correct and the document copies enclosed with the application are authentic.

Date:

Place:

Signature of the Applicant

Certified that Dr. ……………………………………….has been a PG student under my supervision in this department since…………………. .

The particulars given in this application have been checked and verified from office records and are found to be correct.

**Head of the Dept. /Chief Supervisor**