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### KERALA UNIVERSITY OF HEALTH SCIENCES

### THRISSUR - 680 596

#### PHONE: 0487 - 2207650, 2207664 FAX: 0487 - 2206770

No: 21871/2025/DA-A2/KUHS

Date : 01-07-2025

### Application Form for the KUHS Best Teacher Awards 2025

### For Teachers of Affiliated Institutions of KUHS

Before filling out the application, please go through the General Guidelines.

1. Name of Teacher

2. Stream of Health Science : Medical /Dental /Ayurveda /Homeopathy /Nursing /Pharmaceutical Sciences / Allied Health Sciences

:

:

:

:

:

:

:

3. KUHS FEP Unique ID :

4. Date of Birth

5. Gender

6. AADHAR No.

7. Designation

8. Institution

9. Residential Address

Phone : 0487-2207664, 2207642 Fax : 0487 – 2207616, 2207620 e-mail: keralahealthuniversity@gmail.com



Digitally approved document; signature not required.

Document 2025/64654/1 - General - File No. 2025/21871/1 Approved by Regr on 2025-07-01 17:17:55

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13. Bank Account Details : A/c Number:

: A/c Name:

: IFSC :

Note: A short biodata and a recent passport-sized colour photograph of the faculty should be enclosed as an annexure

# **Declaration**

- 1. I have not faced any disciplinary action from the Government / Court / KUHS.
- 2. I have not received the KUHS Best Teachers award in the past.
- **3.** I am not currently holding the position of Principal / Head of affiliated institution / Faculty Dean or Governing Member of KUHS.
- **4.** I certify that the above facts are true to the best of my knowledge and belief. I understand that filing of false data or any attempt to influence the committees at any stage of the process will amount to disqualification for the award.

Signature of Applicant

## Countersigned by Principal/Head of the Institution

Stre	Stream		Name	FEP	FEP Institution			
		Subdomain	Item	Instruction				Appendix & page no.
			UG					
			PG Degree / DNB					
			Superspeciality	Please provide the no. of				
		Qualifications	MPhil	degrees / diploma aquired by the faculty				
	1		PhD	_				
			PG Diploma					
			Professional Skill Training programmes <1 yr duration	Please provide the no. of programes completed by the faculty				
			Professional Skill Training programmes >1 yr duration					
			Certificate Programs from an University					
		Teaching Experience	Ayurveda / Dental / Homeopathy / Medicine / Nursing / Paramedical / Pharmacy	Course	From	То	No. of months	
		Please provide your						
		teaching experience in each stream and						
		course						

Subdomain	Item					
Subdomain	Item					
		Instruction				Appendix & page no.
Please provide your teaching experience in each stream and course						
Darticipation in CMF	Presented paper / poster (National)					
Programme		Please provide the no. of presentations				
	teaching experience in each stream and course	Please provide your    teaching experience    in each stream and    course	Please provide your teaching experience in each stream and course	Please provide your teaching experience in each stream and course	Please provide your teaching experience in each stream and course	Please provide your teaching experience in each stream and course

Stre	ream		Name	FEP	Institution	
	2	Subdomain	Item	Instruction		Appendix & page no.
	3	Participation in CME	Panelist / Moderator (National)	Please provide the no. of		
		Programme	Panelist / Moderator (International)	qualifying items		
			PG. / SS PhD examiner (External)			
		Examinership	PG. / SS PhD examiner (Internal)			
	4		UG examiner (External)	Please provide the no. of appointments		
			UG examiner (Internal)			
			Theory paper valuation			
		Research Publications (Scholarly articles in indexed academic journals)	As 1st Author			
	1		As Corresponding Author	Please provide the no. of articles		
			Author other than those above			
			As Principal Investigator (Grants upto INR 1 L)			
			As Principal Investigator (Grants > INR 1L upto 5 L)	1		
			As Principal Investigator (Grants > 5 L)	Pelase provide the no. of		
			As Co Investigator (Grants upto INR 1 L)	research projects		
	2		As Co Investigator (Grants > INR 1L upto 5 L)	1		
II			As Co Investigator (Grants > 5 L)	1		

Stre	Stream		Name	FEP	Institution		
		Subdomain	ltem	Instruction			Appendix &
		-	Patents / TechnologyTransfer (National)	Please provide the no. of			page no.
			Patents / TechnologyTransfer (International)	qualifying items			
			Invited Editorial in academic journals	Please provide the no. of			
	3	Authorship	qualifying items				
			Chapters in books (Academic)				
			Thesis guide PG / SS	Please provide the no. of appointments as guide / committee member			
	4	Guideship	PhD Guide				
			Ph.D Doctoral Committee member				
			Examination Subject expert				
			Examination Ext Vigilance Officer				
			Examination Int Vigilance Officer	Please provide the no. of			
			Examination Theory Valuation Chairperson	appointments as committee member			
		KUHS : Exam Related duties / posts	Examination Committee - member				
			Examination Pass board member				
III	1		Synopsis valuation (PG / SS / PhD)	No, of synopsis evaluated			
			Examination Practical - Chairperson				
			KUHS Inspection Team member	No. of appointments			
					From 1	To No. of months	

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Stre	Stream		Name	FEP	Institut	tion		
		Subdomain	Item	Instruction				Appendix & page no.
		KUHS : Exam Related duties / posts	MLEC member	- Please provide the tenure -				
			Board of Exams member	riease provide the tendre				
					From	То	No. of months	
			Faculty Dean	Please provide the tenure				
		KUHS : Administrative posts	BOS Chairperson					
	2		BOS Member					
			KUHS Academic Council member					
			KUHS Governing Council member					
			KUHS Senate member					
					From	То	No. of months	
ш			Principal					
	2	Institution :	Vice Principal					
	3	Administrative posts	Hosp. Supdt	Please provide the tenure				
			Deputy Superintendent / RMO					
			Nodal officer / additional charge					
			Research Nodal Officer					

Strea	ream		Name	FEP	Institu	ution		
		Subdomain	Item	Instruction				Appendix & page no.
			Ethics comm Chairperson					
		Institution :	Ethics comm Member Secretary					
		Academic / Research posts	Ethics comm Member					
			IRC Nodal Officer	Please provide the tenure				
		Institution : Academic / Research posts	IRC Member					
	4		Medical Education Unit (MEU) Nodal Officer					
			MEU Member					
			Internship Coordinator					
			UG Teaching incharge					
			PG Teaching In Charge					
			Other official post / charge (specify)					
					From	То	No. of months	
			SSGP Coordinator					
			Mentor for UG students					
			Spl. Care Facilitator	- Please provide the tenure				
ш		Student support activities	Staff advisor					

Stre	am		Name	FEP	Institution	
		Subdomain	Item	Instruction		Appendix & page no.
			NSS Program officer			Page
			Staff Editor			
			Sports Coordinator	Please provide the tenure		
	5	Student support activities	Arts Coordinator			
			Hostel Warden			
			Hostel Asst Warden			
			PTA (Secretary, Treasurer)			
			Inst. Greviance cell			
			Womens Cell	Please provide the tenure		
			Student Consellor			
			Antiragging committe member			
			Other official post / charge (specify)			
			Chief Organiser of National Continuing Medical Education-CME (President / Sec / Treasurer)			
	1	Organisational	Chief Organiser of International CME (President / Sec / Treasurer)	Please provide the no. of		
	'	Capacity	President /Secretary of National Professional Body)	programs		

Stre	Stream		Name	FEP	Instit	ution		
		Subdomain	Item	Instruction				Appendix & page no.
IV			President /Secretary of International Professional Body)					
			Editor - Journals (Academic )	Please provide the no. of				
	2	Editorial capacity	Editorial team member (Academic Journals)	journals				
			Editor - Book (Academic) (ISSN/ ISBN of the books and the no. of pages in each is to be provided as annexure)	Please provide the no. of books				
					From	То	No. of months	
	3	Positions in Apex Councils	Administrative post / Board member	- Please provide the tenure				
			Inspection Team member					
			State Award for Academic related acttivities from Govt. / Professional bodies					
IV	4	Awards and Recognitions	National Award for Academic related acttivities from Govt. / Professional bodies	Please provide the no. of awards received				
			International Award for Academic related acttivities from Govt. / Professional bodies					
			Community Outreach program Coordinator (State)					
	5	Community Outreach program	Community Outreach program Coordinator (National)	Please provide the no. of prgrams / appointments				
			Community Outreach program Coordinator (International)					