



INDIAN MEDICAL ASSOCIATION, BANGALORE BRANCH
IMA House, Near IMA Circle, A.V. Road, Bangalore-560018
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NOMINATION FORMAT FOR IMA- BB TEACHERS DAY AWARD

Name of the Teacher: _____
Age: _____ Date of Birth: _____
Name of the Medical College: _____
Position: _____
Speciality: _____
Life Member of IMA:(Name of the Branch) _____ Branch
IMA Life Membership No: KAR/ _____
Mobile No: _____ E-mail id: _____.

Total Number of teaching experience	
Publications	
Journal : Indexed International	
Indexed National	
Journals	
Textbooks	
Books published as editor	
Books published as associate editor	
Contribution of chapters	
Manuals/others:	
Workshops:	
Organised & Conducted	
Organised only	
Faculty	
Faculty	
International conference	
National conference	
Local/regional conference	

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Research:	
Primary or first investigator	
Secondary/other investigator	
Funded project/s	
Non funded project/s	

Public health education	
Innovative teaching methods	
Patents:	
Guidelines/recommendations:	
Prizes/awards for teaching/training	

Academics	
Teaching skills	
Popularity and connectivity with students	
Academic Administration and leadership	
Contribution towards betterment of medical education	
IMA activities and leadership	
Social activities	
Any other relevant awards	

Signature

Signature of Medical College principal