



पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान, शिलांग  
NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)

(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)

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No. NEIGR-Estt-I/76/2014/Vol.IV/Pt/346

Dated Shillong the ~~30<sup>th</sup> May 2022.~~  
1<sup>st</sup> June

**ORDER**

The Director, NEIGRIHMS is pleased to invite **Applications** for considering of promotions under the Assessment Promotion Scheme from eligible faculty members who fulfill eligibility conditions (as per APS guidelines circulated by Institute No. NEIGR-Estt-I/43/2008/Vol.II/339 dated 13<sup>th</sup> May 2019) as on **30.6.2022.**

The last date for receipt of application is fixed on **30<sup>th</sup> June 2022**

The applications in the specific format can be downloaded from the Institute website or collect from the Establishment Section - I, NEIGRIHMS.

Lt. Cdr. Pawan Deep  
Deputy Director (Admn)  
NEIGRIHMS, Shillong

Memo No. NEIGR-Estt-I/76/2014/Vol.IV/Pt/346

Dated Shillong the ~~30<sup>th</sup> May 2022.~~  
1<sup>st</sup> June

Copy for information and necessary action to:-

1. All Heads of Departments for circulation to all faculty members of NEIGRIHMS
2. The P.A. to Director for information of the Director NEIGRIHMS, Shillong.
3. The PA to the Dean/MS for information of the Dean / Medical Superintendent NEIGRIHMS, Shillong.
4. Shri. Romanus Lyngdoh to upload in the Institute website.

Lt. Cdr. Pawan Deep  
Deputy Director (Admn)  
NEIGRIHMS, Shillong



**North Eastern Indira Gandhi Regional Institute of Health & Medical  
Sciences, Shillong**

*(An Autonomous Institute, Ministry of Health & Family Welfare, Government of India)*

Application for the post of ..... under Assessment Promotion  
Scheme for faculty.

Last date for submission of application: **30<sup>th</sup> June 2022**

Department/Speciality : Basic Sciences/Clinical-Health Care Provider/Para Clinical

## **P R O F O R M A**

1. Name of the officer :
2. Designation with date of joining :
3. Department :
4. Age and Date of Birth :
5. Date of Initial Regular appointment in NEIGRIHMS :  
(Assistant Professor/Associate Professor)
6. Leave including CCL taken during Period under review :

7. Academic qualifications (degree onwards)

Name of Examination	University/ Institution	Month & Year

8. Field of Specialization :
9. The Department you work in belongs to : \*Basic Sciences/Para-Clinical Services/Clinical  
*\*Tick mark whichever is applicable*



10. Service experience:

Name of Institution/ Organization	Name of position held and Nature of duties in brief	From	To	Remarks

11. Request of significant contribution during the period under review, which you Consider entitled you to the promotion (not more than 500 words)

12. Percentage of time spent during the period under review:

\*Basic Sciences Departments

Teaching and Training .....% of time  
 Research .....% of time  
 Corporate activities .....% of time

\*Para Clinical Services

Teaching and Training .....% of time  
 Service Delivery .....% of time  
 Research .....% of time  
 Corporate activities .....% of time

\*Health Care Providers/Clinical Department

Teaching and Training .....% of time  
 Patient Care .....% of time  
 Research .....% of time  
 Corporate activities .....% of time

\*Strike out whatever is not applicable

Note :

- (i) *Self reporting log/proforma on Teaching and Training (which is to be made available to Internal Screening Committee) may be attached alongwith this application.*
- (ii) *Result of Students Feedback may be made available on request by Director/Screening Committee.*



**13. List of research projects** during the period of review. Please indicate.

*(APS guidelines – Asst. Prof. one intramural grant as seed money, Assoc. & Adtl. Professors – one extramural grants to be held either as Principal Investigator or Co-PI)*

Peer reviewed ethics committee approved non funded grants would also be given the same weight-age considered for evaluation under APS.

- (a) Titles of project:
- (b) Funding agency:
- (c) Your role as Principal Investigator or Co-PI:
- (d) Duration of Project :
- (e) Total grant
- (f) Outcome of the project (publication/patents etc.)

**14. Publications** during the period under review (Publication in Pub. Med/indexed journal is mandatory as per APS guidelines) :

**15. List of papers** presented at conferences/Seminars/Symposia/ Workshops/CME etc. during the review period.

**16. Patient Care Service** during period under review (applicable for faculty of Clinical Departments only) :-

- (i) OPD's clinics attended per month:
- (ii) IPD duties assigned and done per month:
- (iii) Procedures/surgeries undertaken:
- (iv) New techniques developed:
- (v) New Services started Creation of disease management programs for care-continuum:
- (vi) Destination programs (High excellence):
- (vii) Interdisciplinary clinical treatment that are pace setters for other systems to adopt:
- (viii) Development of new models/care delivery methods:

**17. Service Delivery** during period under review (applicable for faculty of Para-Clinical Departments only) :-

- (i) Work Load:
- (ii) New Diagnostic test/techniques introduced:



18. Corporate Activities :

(i) Involvement in Institutional work, National and International Scientific, educational and health care institutions/organizations etc :

(ii) Involvement in organizing CME/ Conferences/Seminars/Symposia/ Training Course/ Workshop during the review period (either as organizer /Co-organizer/organizing committee member).

Sl No	Name of the activity	International /national/ Regional/ Departmental	Sponsored by	Dates Conducted		Organizer/ Co-organizer /member of organizing Committee
				From	To	

19. Awards, distinctions and prizes etc received during the review period.

20. Fellowships/ Memberships of National, International/ Scientific societies, Academics/ Scientific committees etc during the review period.

21. Visits abroad during the period under review.

22. Future plans (Clinical, Academic, Research Activities)

23. Any other relevant information.

24. Names of three faculty members (with address, Telephone, Fax, Cell Phone and E mail) who will undertake peer review on request. The name of faculty for peer review as suggested should be equal or senior to the applicant in their designation.

Name of Faculty

No. 1

No. 2

No. 3

I hereby declare that the information provided in this application form is true.

Date :

Signature of the Candidate

Remarks of the Head of the Department

Date :

Signature :

Designation: