



## SUPERVISOR'S DATA

PERSONAL DATA	
FULL NAME	PASTE COLOUR PHOTO
FATHER'S / HUSBAND'S NAME	
DATE OF BIRTH	
DESIGNATION	
INSTITUTION	

MAILING ADDRESS (RESIDENTIAL ONLY)		
PHONE (RES)	HOSPITAL	CLINIC
MOBILE	FAX	EMAIL

QUALIFICATIONS <small>*Qualifications awarded honorarily should not be mentioned</small>		
QUALIFICATIONS*	YEAR	INSTITUTION (RESIDENTIAL ONLY)

EDUCATIONAL WORKSHOP ATTENDED (IF YES, GIVE DATES) (CROSS OUT THOSE NOT ATTENDED)				
TITLE OF WORKSHOP	YES	NO	YEAR	PLACE
1. EDUCATION PLANNING & EVALUATION				
2. ASSESSMENT OF COMPETENCE				
3. SUPERVISORY SKILLS				
4. RESEARCH METHODOLOGY				
5. OTHERS				

## TEACHING ASSIGNMENTS (STARTING FROM PRESENT POST)

POST HELD	INSTITUTION	DURATION WITH DATE	
		FROM	TO

### Please enclose the following:

1. Curriculum Vitae
2. Photocopy of valid PMDC Registration
3. Photocopy of appointment letter of present position
4. Recommendation letter by Principal/Head of the Institution
5. Faculty list: Please mention the names of the faculty members in each unit in the speciality and number of trainees registered under each.
6. Photocopies of Four mandatory workshops for supervisors i.e.
  - a) Educational Planning & Evaluation
  - b) Assessment of Competence
  - c) Supervisory Skills
  - d) Research Methodology, Biostatistics & Medical Writing

Date: \_\_\_\_\_

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SIGNATURE WITH STAMP

### FOR OFFICE USE ONLY

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