

**Assessment form for
Swamy Narayan Best Transplant Coordinators Award -2016**

Affix Passport
size photograph

Name of the Transplant Coordinator nominated:		
DOB / Age:	Gender:	Educational Qualification:
Name of the Hospital		Address of the Hospital
Years of experience in present position	No. of families counseled for organ donation	No. of deceased donations coordinated successfully
Tell us about his/her Counselling Skills		
Post donation donor family follow up, if any:		
Has he/she contributed to any publication in the area of organ donation / transplantation		
Why do you think that he/she is the most eligible for this award		
Details of the person nominating : Name: Designation: Contact No: Email id:		Contact details of the Transplant Coordinator being nominated: Contact No: Email id:

Date:

Signature and Seal of the Institution

Kindly post this assessment form along with brief CV of the candidate to:
 MOHAN Foundation, 3rd Floor, Toshniwal Building, 267, Kilpauk Garden Road, Chennai 600010, India
 (Or) scan and email- txnatco@gmail.com