

**Assessment form for
Swamy Narayan Memorial Best Transplant Coordinators Award - 2017**

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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 (minimum of 3 years):	No. of families counseled for organ donation:	No. of deceased donations coordinated successfully:
Tell us about his/her Counselling Skills:		
Tell us about his/her recipient coordination:		
Post donation donor family follow up, if any:		
Number of public education activities conducted by him/her:		
Has he/she contributed to any publication in the area of organ donation / transplantation:		
Participation/presentation at National/International conferences if any:		
Number of CME's attended ,Faculty at CME's/Training Programmes if any:		
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:

Signature of the Candidate:

Signature and seal of the institution

(To be attested by Head of Department)

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