



**DISTANCE EDUCATION PROGRAM  
STAR ALUMNUS AWARD 2017**

**APPLICATION FORM**

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size  
photograph

<b>Name of the applicant :</b>			
<b>Date of birth:</b>			
<b>Address for correspondence:</b>			
<b>Cell number:</b>		<b>E mail ID:</b>	
<b>ACADEMIC QUALIFICATION DETAILS</b>			
<b>Degree/Diploma</b>	<b>University</b>	<b>Year of Passing</b>	
<b>PROFESSIONAL EXPERIENCE</b>			
<b>Total experience in years:</b>			
<b>Current Organization:</b>			
<b>Designation:</b>		<b>From .....</b>	<b>To .....</b>
<b>Past Experience : Starting with the latest</b>			
<b>1.</b>	<b>Name of Organization:</b>		
<b>Designation:</b>		<b>From .....</b>	<b>To .....</b>
<b>2.</b>	<b>Name of Organization:</b>		
<b>Designation:</b>		<b>From .....</b>	<b>To .....</b>
<b>3.</b>	<b>Name of Organization:</b>		
<b>Designation:</b>		<b>From .....</b>	<b>To .....</b>

## OTHER INFORMATION

**1. List significant achievements / milestones relating to your work :**

Date / Year	Achievement / milestone

**2. Highlight any recognition that you have received for your work in the industry :**

Recognition by	Recognition for

**3. Case study**

- **Describe a problem or an earlier scenario, relating to your work for which you decided to implement an innovation or initiative. Describe the source of idea / regulatory change introduced (up to 200 words).**

- **Describe the innovation / initiative / strategy that you implemented to resolve the problem stated above (up to 200 words).**

- **Provide details of impact of the innovation or initiative on the various stake holders (up to 300 words).**

Stakeholder	Benefit to the stakeholder
Government	
Patients	
Healthcare industry	
Others (please specify)	

**4. Check list:**

- Detailed curriculum vitae
- DEP certificate (photocopy)
- Signed recommendation letter
- Color passport photograph
- Any other documents
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**5. Declaration:**

I declare that the information provided in this application form is true and accurate to best of my knowledge. I agree to abide by the rules and regulations of participation. In case my name is shortlisted for award, I hereby authorize Symbiosis Centre of Health Care to use my name, photograph and brief bio sketch on website and print material.

**Name:**

**Signature:**

**Place :** .....

**Date :** .....

## **RULES AND REGULATIONS:**

1. Only Alumni of SCHC- Distance Education Program can participate (those DEP students successfully completing one or more programs in any year prior to 2017).
2. The completed application form should be sent through courier or registered post to Distance Education Department, Symbiosis Centre of Health Care. Senapati Bapat Road, Pune 41004 OR on e-mail [staralumnusaward@schcpune.org](mailto:staralumnusaward@schcpune.org).
3. Last date for receipt of completed application form is 1<sup>st</sup> March 2017.
4. Applicant has to send filled application form along with recommendation letter from at least 1 person conversant with applicant's background and achievements.
5. Award (memento) and citation should be accepted by alumnus in person only. Representative will not be allowed in unfortunate case where alumnus cannot attend the event.
6. Posthumous recognition will not be given.
7. Recipient of Star Alumnus Awardee in the past, will not be considered again.
8. Incomplete application will be summarily rejected.
9. Applications received after due date will not be entertained.
10. Jury's decision would be final on all matters and binding.
11. No queries/correspondence will be entertained in this respect (selection & application process).