



**Assessment form for  
Swamy Narayan Memorial Best Transplant Coordinators  
Award - 2021**

**(Deadline: October 1, 2021)**

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 (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 scan this assessment form along with brief CV and email it to [txnatco@gmail.com](mailto:txnatco@gmail.com)