

2024-25 വർഷത്തെ മികച്ച ആയുർവ്വേദ ഡോക്ടർമാർക്കുള്ള അവാർഡ് -
രൂപരേഖയും മാനദണ്ഡവും

കേരള സർക്കാർ ആയുഷ് വകുപ്പിന്റെ ആഭിമുഖ്യത്തിൽ സംസ്ഥാനത്തെ ആയുർവ്വേദ മേഖലയിൽ പ്രവർത്തിക്കുന്ന മികച്ച ഡോക്ടർമാർക്കും, ആയുർവ്വേദ കോളേജ് അഖ്യാപകർക്കും, ആയുർവ്വേദ രംഗത്ത് സമഗ്ര സംഭാവനകൾ നൽകി വരുന്ന വ്യക്തികൾക്കുമാണ് 2024-25 വർഷത്തെ സംസ്ഥാനത്തെ അവാർഡുകൾ നൽകുന്നത്. അഷ്ടാംഗരത്ത്, ധന്യന്തരി, ചരക്, ആത്രേയ, വാഗ്ദം എന്നീ പേരുകളിൽ ചുവടെപ്പറയും പ്രകാരം വിവിധ വിഭാഗങ്ങളിലായിട്ടാണ് അവാർഡുകൾ നൽകുന്നത്.

(1) അഷ്ടാംഗരത്തെ അവാർഡ്.

ആയുർവ്വേദത്തിന്റെ സമസ്യ മേഖലകളിലും സമഗ്ര സംഭാവനകൾ നൽകിയിട്ടുള്ള പ്രശ്നങ്ങൾക്കുള്ള അവാർഡ് - 30,000/- രൂപയും ഫലകവും.

(2) ധന്യന്തരി അവാർഡ്.

ആയുർവ്വേദ ചികിത്സ, ഗവേഷണ രംഗങ്ങളിൽ സമഗ്ര സംഭാവനകൾ നൽകി വരുന്ന സമസ്യ മേഖലയിലേയും (സർക്കാർ/അർബു സർക്കാർ/പൊതു സ്വകാര്യ മേഖലകളിലെ) മികച്ച ആയുർവ്വേദ ഡോക്ടർമാർക്കുള്ള അവാർഡ് - 20,000/- രൂപയും ഫലകവും.

(3) ആത്രേയ അവാർഡ്.

ആയുർവ്വേദ കോളേജുകളിലെ അഖ്യാപിക/അഖ്യാപകനായ മികച്ച ആയുർവ്വേദ ഡോക്ടർമാർക്കുള്ള അവാർഡ് - 20,000/- രൂപയും ഫലകവും.

(4) വാഗ്ദം അവാർഡ്.

സ്വകാര്യമേഖലയിൽ പ്രവർത്തിക്കുന്ന മികച്ച ആയുർവ്വേദ ഡോക്ടർമാർക്കുള്ള അവാർഡ് - 20,000/- രൂപയും ഫലകവും.

(5) ചരക് അവാർഡ്.

ഭാരതീയ ചികിത്സാ വകുപ്പിലെ മികച്ച ഡോക്ടർമാർക്കുള്ള അവാർഡ് - 20,000/- രൂപയും ഫലകവും.

‘എ’ കൂടാം രജിസ്ട്രേഷൻകുള്ള ആയുർവ്വേദ മെഡിക്കൽ പ്രാക്ഷീഷണർക്ക് മാത്രമേ അപേക്ഷ സമർപ്പിക്കുവാൻ അർഹതയുള്ളൂ. അപേക്ഷകർക്ക് സർക്കാർ സേവനം/സ്വകാര്യ പ്രാളീസ് മേഖലയിൽ കുറഞ്ഞത് 10 വർഷത്തെ സേവന പരിപാലന ആവശ്യമാണ്. സർക്കാർ സർവ്വീസിൽ നിന്നും വിരമിച്ച ഡോക്ടർമാരെ പൊതുവിഭാഗത്തിൽ മാത്രമേ പരിഗണിക്കുകയുള്ളൂ. സർവ്വീസിൽ ശിക്ഷണ നടപടികൾക്ക് വിധേയരായവരേയും, ക്രിമിനൽ കുറങ്ങേശ്രക്ക് ശിക്ഷിക്കപ്പെട്ടവരേയും അവാർഡിന് പരിഗണിക്കുന്നതല്ല.

ഭാരതീയ ചികിത്സാ വകുപ്പിൽ ജോലി ചെയ്യുവരുന്ന ഡോക്ടർമാർ, സ്വകാര്യമേഖലയിൽ പ്രവർത്തിക്കുന്ന ഡോക്ടർമാർ, വ്യക്തികൾ, ആയുർവ്വേദ മേഖലയിലെ സംഘടനകളുടെ നോമിനേഷൻ എന്നിവ മുഖ്യമായുള്ള അപേക്ഷകൾ അതത് ഭാരതീയ ചികിത്സാ വകുപ്പ് ജില്ലാ മെഡിക്കൽ ഓഫീസർമാർക്കും, ആയുർവേദ മെഡിക്കൽ വിദ്യാഭ്യാസ വകുപ്പിലെ അപേക്ഷകൾ ആയുർവേദ മെഡിക്കൽ വിദ്യാഭ്യാസ ഡയറക്ടർക്കും സമർപ്പിക്കാവുന്നതും, ഭാരതീയ ചികിത്സാ വകുപ്പ് ജില്ലാ മെഡിക്കൽ ഓഫീസ് തലത്തിൽ ലഭിക്കുന്ന അപേക്ഷകൾ ജില്ലാ മെഡിക്കൽ ഓഫീസർ, ജില്ലയിലെ സീനിയറായ ചീഫ് മെഡിക്കൽ ഓഫീസർ, മെഡിക്കൽ ഓഫീസർ (സ്പെഷ്യലിസ്റ്റ്) എന്നിവർ ഉൾപ്പെട്ട സ്ക്രീനിംഗ് കമ്മിറ്റി പരിശോധിച്ച് യോഗ്യരായവരുടെ അപേക്ഷകൾ ഭാരതീയ ചികിത്സാ വകുപ്പ് ഡയറക്ടർക്ക് ശിഹർഡ് സഹിതം ലഭ്യമാക്കേണ്ടതും, ടി പ്രകാരം തന്നെയുള്ള നടപടി ക്രമങ്ങൾ പാലിച്ച് ആയുർവ്വേദ മെഡിക്കൽ വിദ്യാഭ്യാസ ഡയറക്ടർക്ക് ലഭിക്കുന്ന അപേക്ഷകളും കൈകാര്യം ചെയ്യുന്ന ഭാരതീയ ചികിത്സാ വകുപ്പ് ഡയറക്ടർക്ക് സമർപ്പിക്കേണ്ടതുമാണ്.

അപേക്ഷ ക്ഷണിച്ചിട്ടുള്ള വിവരം പത്ര മാധ്യമം, വകുപ്പ് വെബ്സൈറ്റ് എന്നിവ മുഖ്യമായും പ്രസിദ്ധീകരിച്ചിട്ടുള്ളതും, നിശ്ചിത അപേക്ഷ ഹോഡത്തിന്റെ മാത്രക വെബ്സൈറ്റ് എന്നിം വെബ്സൈറ്റുകളിൽ ലഭ്യവുമാണ്. കൂടാതെ അവാർഡ് സംഖ്യയിൽ വാർത്ത പ്രമൂഖ ദിനപത്രങ്ങളിലും, ട്രാൻസ്ഫോർമേഷൻ വകുപ്പിന്റെ വെബ്സൈറ്റിലും പ്രസിദ്ധീകരിക്കുന്നതുമാണ്.

അപേക്ഷ സ്വീകരിക്കുന്ന തീയതി

05.02.2026 വെകുന്നേരം 5.00 മണി മുതൽ 16.02.2026 വെകുന്നേരം 5.00 മണി വരെ.

ഡോ. കെ എസ് പ്രീയ
ഡയറക്ടർ
ഭാരതീയ ചികിത്സാ വകുപ്പ്

GOVERNMENT OF KERALA
DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE
DEPARTMENT OF AYURVEDA MEDICAL EDUCATION
STATE AYURVEDA AWARDS – 2025

COMMON INSTRUCTIONS FOR FILLING OF NOMINATION FORMS

(Applicable to Ashtanga Ratna, Vagbhata, Dhanwantari, Charaka and Athreya Awards)

PART- I

GENERAL INSTRUCTIONS

(Applicable to all Awards unless otherwise specified)

Applicability

- These instructions shall apply to all nominations submitted for State Ayurveda Awards – 2025.
- Compliance with these instructions is mandatory.
- Apart from this, Specific Instructions are given under Part II to fill specified criteria applicable for all Award Categories.

Eligibility and Category Selection

- Nominations shall be submitted only under the appropriate award and category, as specified in the respective nomination form.
- A nominee/Applicant will not be evaluated under more than one award category using the same nomination.
- The nominating person/ Applicant shall ensure that the basic eligibility conditions are fulfilled as prescribed for the concerned award.

3. General Instructions for Filling Nomination Forms

- Nomination forms shall be filled completely, accurately, and legibly.
- All mandatory sections, score cards, declarations, certificates, and enclosures shall be duly completed.
- Overwriting, erasures, or use of correction fluid is strictly prohibited.
- All information furnished shall be true, correct, and verifiable.
- Submission of false, misleading, or incomplete information shall result in summary rejection at any stage.

4. Educational Qualification and Service Details

- Educational qualifications shall be entered chronologically in the prescribed format.
- Self-attested copies of all qualification certificates shall be enclosed.
- Service details shall be furnished from the present position backwards, clearly indicating institution, designation, and period.

5. Score Card / Key Performance Indicators

- Evaluation shall be based on Key Performance Indicators (KPIs) prescribed for each award.
- Responsibility for filling columns:
 - Column A – Person nominating the candidate/self applicant.
 - Column B – Immediate Supervisor will be DMO (ISM)/ College Principal as per the Award category.
 - Column C – Second Supervisor will be concerned Head Of Departments.
- The maximum marks prescribed shall not be exceeded.

6. Statement of Achievement

- A Statement of Achievement, not exceeding 1500 words, is mandatory for all awards.
- The statement shall clearly justify the nominee's eligibility and contribution.
- The statement shall be:
 - Prepared by the nominating person/ Applicant.
 - Signed and dated
 - Submitted as an enclosure

7. Certificates, Declarations and Acceptance

- Certificate confirming completion of Column A by the nominating person/ Applicant is mandatory.
- Written consent (Acceptance) is considered to be mandatory at the time of Declaration Of Awards.
- Self-attested identity proof along with Registration Particulars of the nominator/Applicant shall be attached.

8. Recommendation by Supervisors

- Recommendation by the Immediate Supervisor and Second Supervisor are compulsory for all awards requiring supervisor evaluation.
- Recommendations shall clearly record the grounds for endorsement.
- Signature, name, designation, official address, and contact details shall be furnished.

9. Submission, Scrutiny and Rejection

- Nominations shall be submitted along with all required enclosures.
- Incomplete or late nominations shall not be considered.

- The competent authority reserves the right to accept or reject any nomination without assigning reasons.

PART II – SPECIFIC INSTRUCTIONS

(Award / Category-wise Specification Ties)

A. Ashtanga Ratna Award – 2025

- Applicable to: Ayurveda Doctors → Section B1
- Non-Doctor Contributors → Section B2
- Section B1 and Section B2 are mutually exclusive.
- For non-doctor nominees, only achievements in research, public health, academics, global propagation, policy making, and entrepreneurship shall be considered.
- Overall score shall not exceed 100 marks.

B. Vaghbata Award – 2025

- Applicable only to Ayurveda Doctors in the Private Sector.
- Government service doctors are not eligible under this award.
- Evaluation shall be done only under Section B (Private Sector KPIs).
- Maximum score: 100 marks.

C. Dhanwantari Award – 2025

- Applicable to Ayurveda Doctors with outstanding contribution in treatment and research.
- Research leadership, research application, and clinical research outputs shall be given specific emphasis.
- Evaluation shall be restricted to research-oriented KPIs in addition to clinical performance.
- Maximum score: 100 marks.

D. Charaka Award – 2025

- Applicable to Doctors in Indian Systems of Medicine under Government service.
- Nominee shall be evaluated under only one applicable evaluation sheet:
 - B1 – Medical Officer In-Charge
 - B2 – Specialty Medical Officer
 - B3 – Medical Officer not in-charge
 - B4 – Administrative category
- Multiple evaluation sheets shall not be filled for the same nominee.
- Section A (60 marks) + Section B (40 marks) = Total 100 marks.

E. Athreya Award – 2025

- Applicable exclusively to Ayurveda Teachers under recognized institutions.
- Academic output, publications, teaching contribution, institutional development, and policy engagement shall be the primary evaluation criteria.

- Documentary evidence is mandatory for publications, projects, and recognitions.
- Maximum score: 100 marks.

Interpretation Clause

- Any doubt regarding interpretation of these instructions shall be referred to the Department of Indian Systems of Medicine / Department of Ayurveda Medical Education.
- The decision of the competent authority shall be final and binding.

GOVERNMENT OF KERALA
DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE
DHANWANTARI AWARD-2025
**(DOCTOR'S AWARD FOR OUTSTANDING CONTRIBUTION IN AYURVEDA
TREATMENT AND RESEARCH 2025)**

NOMINATION FORM

SECTION -A

Name of Person submitting nomination : _____

Category (*tick whichever is applicable*) : _____

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees(HMC) or any member of the public /Registered organisations
- Self

Name of the doctor : _____

Date of birth : _____

Gender : _____

Educational qualification :

S.N	Course	Name of Degree	College	University	Year of Passing
1.	Graduation				
2.	Post Graduation 1				
	Post Graduation 2				
3.	Specialty				
4.	Ph.D				
5.	Additional qualifications (if any)				

(Copy of certificates to be attached)

Details of service *(from the present backwards)*

Name of Institutions	Position	From	To

Details of special achievements (if any) in their area of work :

SECTION-B

Key Performance indicators for Outstanding Contribution in Ayurveda treatment and Research 2025

Col A: To be filled by the nominating person

Col B: To be filled by the immediate supervisor

Col C: To be filled by the second supervisor

Key Performance Indicators						
S1. No.	Indicators	Marks	Marks given by			Total
			Nominating Person/Applicant Col. A	Immediate supervisor Col. B	Second supervisor Col. C	
1	Clinical Excellence & Patient Outcomes – (Quality, Success rate, and ethical management of patients.)	10				
2	Practice Standards & Infrastructure (Maintenance of hygienic, patient-friendly clinic/hospital setup).	10				
3	Innovation in Treatment & Practice – (New methods, formulations, or modern integration in Ayurveda practice).	10				
4	Research & Documentation – (Case studies, publications, or	6				

	participation in clinical research, Scientific papers presented in National and State conferences.)					
5	Research Leadership and Capacity building (leading research teams, encouraging and guiding junior clinicians to perform Research, coordination of Projects, framing research guidelines.)	2				
6	Research knowledge application (Direct application of research outputs to clinical care).	2				
7	Community Service & Public Health Activities (Free camps, Awareness drives, Preventive health initiatives both in easily accessible and vulnerable areas.)	10				
8	Health Crisis engagement (Active participation in Disaster and Other health crisis.)	8				
9	Participation and leadership activities (Active participation in various institutional activities/ periodic staff meetings/ IEC activities/ field level activities.)	8				
10	Patient Education & Communication – (Counseling, lifestyle guidance, transparency, approachability and	8				

	trust-building).					
11	Professional Ethics & Conduct – (Adherence to ethical practice, honesty, and patient welfare).	8				
12	Staff & Institutional Development – (Employment generation, training, and team development.)	8				
13	Recognitions & Peer Appreciation – (Awards, honors, or leadership roles in professional bodies.)	5				
14	Holistic Vision & Lifelong Commitment to Ayurveda – (Dedication, consistency, and contribution to uplift Ayurveda.)	5				
	TOTAL	100				

Certificate

I/we certify that we have completed Column A of the score card. I/we hereby certify that all the information given above are true to the best of my /our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination.

Date :

Signature :

Name:

On behalf of (*if representing a group*)

Complete postal address :

Mobile No:

e-mail ID :

Identify proof type & number (*please attach a self attested copy*)

No.	ID Type	ID Number
1.		
2.		
3.		

Acceptance by the nominee (if not self nominated):

I give my consent for being considered for '**Dhanwantari Award**' (Best Doctor for outstanding contribution to Ayurveda Treatment and Research) **2025**.

Date :

Signature :

Name of nominee:

Designation :

Official address :

Mob no:

Email-ID :

Recommendation by the Immediate Supervisor:

I certify that I have completed column B of the score card. I recommend

Dr.for '**Dhanwanthari Award**' (Best Doctor Award for outstanding contribution to Ayurveda Treatment and Research) 2025 in the category for the reason given below.

Date :

Signature :

Name :

Designation :

Official address :

Email ID :

Statement of Acheivement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award.)

To be filled by the nominating person/ Applicant and to be attached to the nomination form.(with signature and date)

GOVERNMENT OF KERALA
DEPARTMENT OF AYURVEDA MEDICAL EDUCATION
ATHREYA AWARD-2025

(AWARD FOR BEST AYURVEDA TEACHER 2025)

NOMINATION FORM

SECTION -A

Name of Person submitting nomination : _____

Category (*tick whichever is applicable*) : _____

- Government Ayurveda medical Colleges/ Hospital Development Societies (HDS), Hospital Management Committees(HMC) or any member of the public /Registered Organisations:
- Self

Name of the doctor : _____

Date of birth : _____

Gender : _____

Educational qualification :

S.N	Course	Name of Degree	College	University	Year of Passing
1.	Graduation				
2.	Post Graduation 1				
	Post Graduation 2				
3.	Specialty				
4.	Ph.D				
5.	Additional qualifications (if any)				

(Copy of certificates to be attached)

Details of service *(from the present backwards)*

Name of Institutions	Position	From	To

Details of special achievements (if any) in their area of work :

SECTION-B

Key Performance indicators for Best Ayurveda Teacher

Col A: To be filled by the nominating person/Applicant

Col B: To be filled by the immediate supervisor

Col C: To be filled by the second supervisor

Sl. No	INDICATORS	Ma x Marks	Nominatin g person /Applicant (ColA)	Immed iate Superv isor (ColB)	Secon d superv isor (Col C)	Total
1	Qualification and Service <i>(Post Graduate qualification + 5 Years of service (D)</i>	5				
2	Additional Qualifications <i>PhD or fellowships</i>	2				
3	Books published (in relation to medical field) <i>(2 marks each)</i>	6				
4	Publications <i>Scientific paper/article published related to medical field (1/2 mark each general publications/ 1 mark each for International/Peer reviewed index</i>	6				
5	Scientific Paper presentation In Conferences <i>(International and National conferences each carry 1 mark and ½ mark respectively)</i>	6				
6	Participation as invited faculty/Speaker in Conferences. <i>(International and National conferences each carry 1 mark and ½ mark respectively)</i>	6				

7	Work output <i>(Clinical /Academic activities based on activity reports from NCISM/ College)</i>	8				
8	Leadership qualities <i>(In Various registered professional/social organizations as Office bearers (National level- 2 mark , State level 1 mark, Institutional level- ½ mark each)</i>	5				
9	Special activities- <i>(Organising Seminars/workshop/Medical conference as President/General convenor/Chief Cordinator International - 2 marks, National 1 mark each)</i>	6				
10	Contribution made to society outside hospital <i>(Conducting relief camp/ disaster management/awareness against drug abuse/Health care support for weaker sections- as Adoption Programmes (2 Marks each)- shall be supported by document.</i>	6				
11	Role in development of institution <i>(Facilitating NABH/QCI/NAAC/E-HOSP activities)</i>	8				
12	Public health Awareness <i>(Audio-Visual media) (1 mark each)</i>	4				

13	Introduction of innovative methods <i>(Patent/product development/Teaching/public health awareness (document needed)</i>	5				
14	Recognition for Interaction and team building. <i>(Beneficial for students, faculty and public.(1 mark each)</i>	5				
15	For Carrying out Healthcare related Projects or Surveys <i>(2 marks each)</i>	5				
16	Engagement in College level activities <i>(As Staff Advisor/Deputy Warden/Bulletin/NSS/PTA/SSGP)</i> <i>(1 Mark each)</i>	5				
17	Guideship PHD Guideship	2				
18	Governship 1.KUHS POST <i>(VC/ PRO VC/Controller/DEAN/Member-BOS/Governing Council Member / Academic Council Member.)</i> 2 . Administrative Post <i>(DAME/ JDAME/Special Officer /Principal/Vice Principal/ Superintendent/Deputy Superintendent/RMO/ARMO).</i>	2				
19	Innovative schemes, Programmes and projects to improve facilities and quality of service in the institution, Teaching and learning methods, clinical output , Standardisation and extra-curricular training to students.	5				

20	Involvement in Policy Making, Guideline/Protocol development in the concerned Specialty /Syllabus curriculum development.	3				
	TOTAL	100				

Certificate

I/we certify that we have completed Column A of the score card. I/we hereby certify that all the information given above are true to the best of my /our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination.

Date :

Signature :

Name:

On behalf of (*if representing a group*)

Complete postal address :

Mobile No:

e-mail ID :

Identify proof type & number (*please attach a self attested copy*)

No.	ID Type	ID Number
1.		
2.		
3.		

Acceptance by the nominee (if not self nominated):

I give my consent for being considered for **Athreya Award** (Award for Best Ayurveda Teacher) 2025.

Date :

Signature :

Name of nominee:

Designation :

Official address :

Mob no:

Email-ID :

Recommendation by the Immediate Supervisor:

I certify that I have completed column B of the score card. I recommend

Dr. for the Best Ayurveda Teacher

Award 2025 in the category for the reason given below.

Date :

Signature :

Name :

Designation :

Official address :

Email ID :

Statement of Acheivement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award.)

To be filled by the nominating person /Applicant and to be attached to the nomination form.(with signature and date)

GOVERNMENT OF KERALA
DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE
ASHTANGA RATNA AWARD-2025

**(BEST PERSONALITY AWARD FOR OVERALL CONTRIBUTION IN THE FIELD
OF AYURVEDA 2025)**

NOMINATION FORM

(If Nominated for Ayurveda Doctor)

SECTION -A

Name of Person submitting nomination :

Category (*tick whichever is applicable*) :

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees(HMC) or any member of the public / Registered Organisations
- Self

Name of the doctor :

Date of birth :

Gender :

Educational qualification :

S.N	Course	Name of Degree	College	University	Year of Passing
1.	Graduation				
2.	Post Graduation 1				
	Post Graduation 2				
3.	Specialty				
4.	Ph.D				
5.	Additional qualifications (if any)				

(Copy of certificates to be attached)

Details of service *(from the present backwards from the institutions)*

Name of Institutions	Position	From	To

Details of special achievements (if any) in their area of work :

SECTION-B1

Key Performance indicators for Awarding Overall contribution in Ayurveda (if doctor)

Overall scoring may not exceed 100.

Col A: To be filled by the nominating Person/Applicant

Col B: To be filled by the immediate supervisor

Col C: To be filled by the second supervisor

Key Performance Indicators						
S1. No.	Indicators	Marks	Marks given by			Total
			Nominating person/Applicant Col. A	Immediate supervisor Col. B	Second supervisor Col. C	
1	Clinical Excellence & Patient Outcomes — (Quality, Success rate, and ethical management of patients.)	10				
2	Practice Standards & Infrastructure (Maintenance of hygienic, patient-friendly clinic/hospital setup).	10				
3	Innovation in Treatment & Practice – (New methods, formulations, or modern integration in Ayurveda practice).	10				
4	Research & Documentation – (Case studies, publications, or participation in clinical research, Scientific papers presented in National	10				

	and State conferences.)				
5	Community Service & Public Health Activities (Free camps, Awareness drives, Preventive health initiatives both in easily accessible and vulnerable areas.)	10			
6	Health Crisis engagement (Active participation in Disaster and Other health crisis.)	8			
7	Participation and leadership activities (Active participation in various institutional activities/ periodic staff meetings/ IEC activities/ field level activities.)	8			
8	Patient Education & Communication – (Counseling, lifestyle guidance, transparency, approachability and trust-building).	8			
9	Professional Ethics & Conduct – (Adherence to ethical practice, honesty, and patient welfare).	8			
10	Staff & Institutional Development – (Employment generation, training, and team development.)	8			
11	Recognitions & Peer Appreciation – (Awards, honors, or	5			

	leadership roles in professional bodies.)					
12	Holistic Vision & Lifelong Commitment to Ayurveda – (Dedication, consistency, and contribution to uplift Ayurveda.)	5				
	TOTAL	100				

SECTION-B2

(If Nominated for Person other than Ayurveda Doctor)

(The person shall be engaged in Approved Research and Innovation, Public health Activities, Academic and literary contributions for Ayurveda, Global propagation and policy making for Ayurveda, Commercialization and entrepreneurship in Ayurveda)

Areas of excellence

(Need detailed description of Achievements in the following areas of excellence)

A. Approved Research & Innovation

(Need detailed explanation regarding excellence in Scientific Validation through publications and peer reviewed journals, Modern Integration, Patent and formulations development.)

B. Contribution in Public Health activities

(Need detailed explanation regarding excellence in Service longevity, Patient impact, Specialized expertise Services, Public health initiatives.)

C. Academic & Literary Contributions.

(Need detailed explanation regarding excellence in literary output, Mentorship to Post graduate and PhD Students and role in upgrading Institutional infrastructure.)

D. Global Propagation & Policy Making

(Need detailed explanation in areas of International Reach: Representing Ayurveda on global platforms (WHO, international conferences), establishing clinics abroad, or teaching international students. Serving on regulatory bodies (like NCISM in India), helping draft government policies, or working on the standardization of Ayurveda education.)

E. Commercialization and Entrepreneurship in Ayurveda.

(Successful commercialization of Ayurveda through innovative product development, entrepreneurial leadership and scalable market integration)

Key Performance Indicators						
S1. No.	Indicators	Marks	Marks given by			Total
			Nominating person/Applicant Col. A	Immediate supervisor Col. B	Second supervisor Col. C	
1	Approved Research and Innovations	20				
2	Contributions in Public Health activities	20				
3	Academic & Literary Contributions	20				
4	Global Propagation & Policy making	20				
5	Commercialization and Entrepreneurship	20				
	TOTAL	100				

Certificate

I/we certify that we have completed Column A of the score card. I/we hereby certify that all the information given above are true to the best of my /our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination.

Date :

Signature :

Name:

(On behalf of (*if representing a group*))

Complete postal address :

Mobile No:

e-mail ID :

Identify proof type & number (*please attach a self attested copy*)

No.	ID Type	ID Number
1.		
2.		
3.		

Acceptance by the nominee (if not self nominated)

I give my consent for being considered for the '**Ashtanga Ratna Award**' (Best Personality Award)2025 for Overall Contribution in the field of Ayurveda.

Date :

Signature :

Name of nominee:

Designation :

Official address :

Mob no:

Email-ID :

Recommendation by the Immediate Supervisor:

I certify that I have completed column B of the score card. I recommend

Mr/Mrs/Dr.for ‘Ashtanga Ratna Award’ (Best Personality Award 2025 for Overall Contribution in the field of Ayurveda) for the reason given below.

Date :

Signature :

Name :

Designation :

Official address :

Email ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the Person/doctor is considered eligible for the award.)

To be filled by the nominating person/ Applicant and to be attached to the nomination form.(with signature and date)

GOVERNMENT OF KERALA
DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE
CHARAKA AWARD-2025
(AWARD FOR BEST DOCTOR IN INDIAN SYSTEMS OF MEDICINE 2025)

NOMINATION FORM

SECTION -A

Name of Person submitting nomination : _____

Category (*tick whichever is applicable*) : _____

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees (HMC) or any member of the public /Registered Organisations;
- Self

Name of the nominee (doctor) : _____

Date of birth : _____

Gender : _____

Educational qualification :

S.N	Course	Name of Degree	College	University	Year of Passing
1.	Graduation				
2.	Post Graduation 1				
	Post Graduation 2				
3.	Specialty				
4.	Ph.D				
5.	Additional qualifications (if any)				

(Copy of certificates to be attached)

Details of service *(from the present backwards)*

Name of Institutions	Position	From	To

Details of special achievements (if any) in their area of work :

Key Performance indicators for Best Doctor Awards in Indian Systems of Medicine

Col A: To be filled by the nominating person/Applicant

Col B: To be filled by the immediate supervisor

Col C: To be filled by the second supervisor

Key Performance Indicators						
S1. No.	Indicators	Maximum Marks	Marks given by			Total
			Nominat ing person/ Applica nt Col. A	Immediate Supervisor Col. B	Second Supervisor Col. C	
1	Job Responsibility Satisfactory completion of the service expected from the present post.	6				
2	Job knowledge and technical know how	4				
3	Quality of service, dedication and punctuality	6				
4	Ability to communicate and Receptiveness to ideas of other.	4				
5	Power of analysis , judgement and use of delegated powers.	4				
6	Cooperation and inter personal relationship skill	4				
7	Setting up of work environment- proper utilization of physical and human resources.	4				
8	Services rendered to the underserved and needy including service in difficult and remote/ tribal areas	4				

9	Development and implementation of feasible policy proposals which may bring notable changes in the system.	3				
10	Training imparted to subordinate staff and colleagues	4				
11	Active participation and involvement in critical situations	3				
12	Books/Publications/ Newspaper articles written by the doctor.	4				
13	Leadership qualities in various professional/social activities and organisations	4				
14	Additional responsibilities held in service.	3				
15.	Innovative interventions in area of work.	3				
	TOTAL	60				

SECTION -B

Col A: To be filled by the person nominating the doctor

Col B: To be filled by the immediate supervisor

Col C: To be filled by the second supervisor

B1. EVALUATION SHEET FOR MEDICAL OFFICER IN CHARGE OF ISM INSTITUTION

[For assessment for Best Doctor in charge of ISM Institution]

Medical Officer In charge of an Institution						
S1. No .	Indicators	Maximum marks	Marks given by			Total
			Nominatin g person (Col. A)	Immediate supervisor (Col. B)	Second supervisor (Col. C)	
1	Qualification in addition to BAMS	3				
2	Projects implemented as implementing officer like LSG, Plan, NAM etc.	4				
3	Conduct of periodic HMC meetings/periodic staff meetings with minutes and records	4				
4	Attendance in meetings/trainings	4				

5	Team building in the institution	4				
6	Role in infrastructure development and Quality Assurance initiatives	4				
7	Clinical skills and governance	3				
8	Outreach activities & Promotion of Departmental activities	4				
9	Knowledge & Support for Digital initiatives under Govt (like Next Gen Ehospital, ABDM, MIS, etc)	3				
10	Reporting and Data management	3				
11	Social Commitment	4				
	TOTAL	40				

B2. EVALUATION SHEET FOR SPECIALTY MEDICAL OFFICER IN ISM INSTITUTION

[For assessment for Best Specialty Medical Officer/ Doctor in ISM Institution]

Sl. No	Indicators	Maximum Marks	Marks given by			Total
			Nominati ng person/A pplicant	Immediate Supervisor	Second Supervis or	
			Col A	Col B	Col C	
1	Qualification in addition to basic qualification required for the Post	2				
2	Publications/Research papers owned in their concerned specialty.	5				
3	Attendance of CMEs, workshops, trainings etc. as invited faculty	5				
4	Attendance of CMEs, workshops, trainings etc. as delegates.	3				
5	Implementation of high-end technological interventions in the specialty at their workplace	5				
6	Proper maintenance of patient records/registers	2				

7	Training, Mentoring & Knowledge Sharing	3				
8	Clinical skill in concerned Specialty	3				
9	Lead role in the conduct of/active participation in interdisciplinary meetings and boards with other specialties	3				
10	Role in development of institution/Quality accreditation	3				
11	Outreach activities & Promotion of departmental activities	2				
12	Knowledge & Support for Govt. Digital initiatives. (like Next Gen E- hospital, ABDM, MIS, etc.)	2				
13	Social commitment	2				
	TOTAL	40				

B3. EVALUATION SHEET FOR MEDICAL OFFICER NOT IN CHARGE OF ISM INSTITUTION

(For assessment of Best Medical officer/Doctor Not in charge of ISM Institutions)

Sl. No	Indicators	Maximum Marks	Marks given by			Total
			Nominati ng person/A pplicant	Immedia te supervis or	II Second supervis or	
			Col A	Col B	Col C	
1	Qualification in addition to BAMS	2				
2	Publications/Research papers	3				
3	Attendance of CMEs, workshops, trainings etc. as invited faculty	5				
4	Attendance of CMEs, workshops, trainings etc. as delegates	3				
5	Active participation in various institutional level activities/periodic staff meetings/ HMC Meetings/National level program and IEC Activities/Field level activities	5				
6	Proper maintenance of patient records/registers	4				
7	Training, Mentoring & Knowledge Sharing	3				

8	Clinical skill and governance	3				
9	Involvement in team building activities	3				
10	Role in development of institution/Quality accreditation.	3				
11	Outreach activities & Promotion of departmental activities	2				
12	Knowledge & Support for Govt Digital initiatives (like Next Gen E-hospital, ABDM, MIS, etc)	2				
13	Social commitment	2				
	TOTAL	40				

B4. EVALUATION SHEET FOR MEDICAL OFFICERS (ADMINISTRATIVE SECTION) – ISM DEPARTMENT

(For Assessment of Best Medical Officer in Administrative section – Joint Director, District Medical Officer, Chief Medical Officer, Superintendent and others under Administrative category)

Sl. No	Indicator	Maximum Marks	Marks given by			Total
			Nominating Person/Applicant	Immediate supervisor	Second supervisor	
			Col A	Col B	Col C	
1	Qualification in addition to basic qualification required for the post	2				
2	Program Planning & Implementation <i>(Implementation of innovative solutions/current knowledge in Public health in their workplace)</i>	3				
3	Administrative & Office Management	4				
3	Leadership & Team Coordination	4				
4	Data Management & Digital Initiatives <i>(Maintenance of public health related data and records)</i>	4				
5	Quality Assurance & Institutional Development	4				
6	Decision-Making & Problem-Solving	4				
7	Professional Growth, & Innovation <i>(Attendance of CMEs , workshops,</i>	3				

	trainings,conferences both as faculty and delegate)					
8	Integrity, Discipline & Ethical Conduct	4				
9	Social commitment, Public Relations & Communication	4				
10	Public health related Research intiatives/ Publications & AYUSH Advocacy	4				
	TOTAL	40				

Certificate

I/we certify that we have completed Column A of the score card.

I/we hereby certify that all the information given above are true to the best of my /our knowledge.

I/we understand that submission of any false information shall result in summary rejection of the nomination.

Date :

Signature :

Name:

(On behalf of (*if representing a group*))

Complete Postal address :

Mobile No:

e-mail ID :

Identify proof type & number (*please attach a self attested copy*)

No.	ID Type	ID Number
1.		
2.		
3.		

Acceptance by the nominee (if not self nominated) :

I give my consent for being considered for the Award for Best Doctor in 2025.

Date :

Signature :

Name of nominee:

Designation :

Official address :

Mob no:

Email ID :

Recommendation by the Immediate Supervisor:

I certify that I have completed column B of the score card. I recommend

Dr. for '**Charaka Award 2025**' in the
category for the reason given below.

Date :

Signature :

Name :

Designation :

Official address :

Email ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award.)

To be filled by the nominating person /Applicant and to be attached to the nomination form.(with signature and date)

GOVERNMENT OF KERALA
DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE
VAGBHATA AWARD-2025

(AWARD FOR BEST AYURVEDA DOCTOR IN PRIVATE SECTOR 2025)

NOMINATION FORM

SECTION -A

Name of Person submitting nomination :

Category (*tick whichever is applicable*) :

- Patients/Patient organisations
- Hospital Development Societies (HDS), Hospital Management Committees(HMC) or any member of the public/ **Registered organisations**
- Self

Name of the doctor :

Date of birth :

Gender :

Educational qualification :

S.N	Course	Name of Degree	College	University	Year of Passing
1.	Graduation				
2.	Post Graduation 1				
	Post Graduation 2				
3.	Specialty				
4.	Ph.D				
5.	Additional qualifications (if any)				

(Copy of certificates to be attached)

Details of service *(from the present backwards)*

Name of Institutions	Position	From	To

Details of special achievements (if any) in their area of work :

SECTION-B

Key Performance indicators for Best Ayurveda Doctor in Private sector

Col A: To be filled by the person nominating the doctor

Col B: To be filled by the immediate supervisor

Col C: To be filled by the second supervisor

Key performance indicators						
S1. No.	Indicators	Marks	Marks given by			Total
			Nominating Person/Applicant (Col. A)	Immediate supervisor (Col. B)	Second supervisor (Col. C)	
1	Clinical Excellence & Patient Outcomes – Quality, success rate, and ethical management of patients.	20				
2	Practice Standards & Infrastructure Well-maintained, hygienic, patient-friendly clinic/hospital setup	10				
3	Innovation in Treatment & Practice – New methods, formulations, or modern integration in Ayurveda practice.	8				
4	Research & Documentation – Case studies, publications, or participation in clinical research, Scientific papers presented in National and State conferences.	10				
5	Community Service & Public Health Activities Free camps, awareness drives, preventive health	10				

	initiatives both in easily accessible and vulnerable areas.					
6	Health Crisis engagement Active participation in Disaster and Other health crisis.	6				
7	Participation and leadership activities Active participation in various institutional activities/ periodic staff meetings/ IEC activities/ field level activities.	6				
8	Patient Education & Communication – Counseling, lifestyle guidance, transparency, and trust-building.	6				
9	Professional Ethics & Conduct – Adherence to ethical practice, honesty, and patient welfare..	6				
10	Staff & Institutional Development – Employment generation, training, and team development.	6				
11	Recognitions & Peer Appreciation – Awards, honors, or leadership roles in professional bodies.	6				
12	Holistic Vision & Lifelong Commitment to Ayurveda – Dedication, consistency, and contribution to uplift Ayurveda.	6				
	TOTAL	100				

Certificate

I/we certify that we have completed Column A of the score card. I/we hereby certify that all the information given above are true to the best of my /our knowledge. I/we understand that submission of any false information shall result in summary rejection of the nomination.

Date :

Signature :

Name:

On behalf of (*if representing a group*)

Complete postal address :

Mobile No:

e-mail ID :

Identify proof type & number (*please attach a self attested copy*)

No.	ID Type	ID Number
1.		
2.		
3.		

Acceptance by the nominee (if not self nominated):

I give my consent for being considered for '**Vagbhata Award 2025**' (Best Doctor Award in Private sector) .

Date :

Signature :

Name of nominee:

Designation :

Official address :

Mob no:

Email-ID :

Recommendation by the Immediate Supervisor:

I certify that I have completed column B of the score card. I recommend

Dr.for **Vagbhata Award 2025'** (Best Doctor Award in Private sector) in the category for the reason given below.

Date :

Signature :

Name :

Designation :

Official address :

Email ID :

Statement of Achievement

(Please detail in not more than 1500 words, why the doctor is considered eligible for the award.)

To be filled by the nominating person/Applicant and to be attached to the nomination form.(with signature and date)