



IDA KERALA STATE AWARDS 2009-10



INSTRUCTIONS

- 📌 **Bimonthly** branch activity report must reach the **State office & Awards committee Chairman** before **January^{10th}, March^{10th}, May^{10th}, July^{10th}, September^{10th} and October^{25th}**.
- 📌 Activity report in the **specified format** with the substantiating documents **in CD** format must be send to the **Awards committee chairman** within above mentioned dates. **Hard copies need not be sent except for Publications.**
- 📌 Photographs need not be placed amidst the activity report text.
- 📌 Place Photograph/digital images or scanned documents or certificates with titles as proof in a separate folder **in the same CD**.
- 📌 Specify the references of photos/scanned image in the concerned matter in the report.
- 📌 Copy of this report in the electronic format must be sent **by E-mail** to Hon.State Secretary, State President, State CDE Convener, State CDH Convener and Hon.Editor, KDJ & IDA Head office.
- 📌 All original documents will be returned to the local branches after official declaration of state awards.
- 📌 Assessment of branch activities will be done **bi-annually**(End of May & October).
- 📌 Average marks from the two assessments will be the deciding criteria for awards.(Assessment **Term 1-till May & Term 2-from May**)
- 📌 Activities, Publications or documents of Assessment Term 1 wont be considered for Term 2.
- 📌 **Only items reported** with substantiating documental evidence will be considered for awards.
- 📌 The proposed awards guidelines can be downloaded from the website **www.idakerala.com**
- 📌 The proposed awards guidelines after ratification from the State EC will be strictly adhered to.
- 📌 Concerned Branch President/Secretary must be present while assessment for awards.
- 📌 Additional documents or evidences other than what is presented at the time of reporting wont be considered for awards*.(** Subject to discretion of the Awards committee*).
- 📌 Wherever applicable the certificates from concerned **IDA** state authorities only will be considered.

IDA KERALA STATE AWARDS GUIDELINES 2009-10

DOCUMENTAL EVIDENCES REQUIRED WHILE REPORTING

CDE Programme

- ✓ Brochure & Certificate in **Original to be sent by courier** (1set)
- ✓ Photographs (**as digital image**)
- ✓ Copy of Letter to members (**Send Scanned image**)
- ✓ Copy of participation Attendance (**Send Scanned image**)
- ✓ Copy of DD sent as CDE State office Share (**For Interbranch & State level CDE only**)

CDH Activity

- ✓ (Send Scanned image) of Certificate from the associated organisation stating that IDA.....branch has conducted a Dental check up/ Treatment/Awareness class/Teachers training Programme/Parent Awareness programme/ Cancer awareness Programme/ etc etc.. in association with(name of the organisation)..... at(venue) on(date)..... Total ofpatient were examined/treated.

Family Get together

- ✓ Copy of Intimation letter/circular to members (**Send Scanned image**)
- ✓ Photographs (**as digital image**)

Release of Journal/Bulletin

- ✓ Photograph (**as digital image**)
- ✓ Copy of Journal/Bulletin with Bill in **Original to be sent by courier** (1set)

Executive Meeting

- ✓ Copy of Meeting Notice (**Send Scanned image**)
- ✓ Copy of meeting minutes (**Send Scanned image**)

Special Day Celebration

- ✓ Copy of Intimation letter/circular to members (**Send Scanned image**)
- ✓ Photographs (**as digital image**)

Radio/TV Talks

- ✓ Certificate from the concerned media. (**Send Scanned image**)
- ✓ Telecasted programme in CD format

Branch Projects

- ✓ Project Report
- ✓ Copy of Intimation letter/circular to members (**Send Scanned image**)
- ✓ Photographs (as digital image)
- ✓ Certificate from the associated organisation, if any. (**Send Scanned image**)

Any Other Branch Activities

- ✓ Similar evidences required

IDABRANCH
ACTIVITY REPORT FOR THE MONTH OF

CDE PROGRAMME *(mention proof ref. no)*

Title:
Faculty:
Status: (Intra branch, Interbranch or State LevelCDE)
Date:
Venue:
Start Time:
End Time:
Attendance:
Certificates: Given or not.

CDH ACTIVITIES *(If more than 1, list the activities separately one after the other.)*

(Include Oral Check up/Treatment camp, Awareness programmes, Cancer detection programme, Adoption programme....etc etc.& all other programmes which can be listed under CDH activities)

Date
Place:
No. of Patients:
Associated with any other organizations:

EXECUTIVE COMMITTEE MEETING*(mention proof ref. no)*

EC Meeting No.
Date:
Place:
Attendance:

FAMILY GET-TOGETHER*(mention proof ref. no)*

Meeting No.
Date:
Place:
Attendance:

OTHER ACTIVITIES*(mention proof ref. no)*

(Includes all branch activities not listed under the above headings)

Date:
Place:
Attendance:

Please Note:

- ❖ **Photograph need not be placed amidst the activity report text.**
- ❖ **Place Photograph/digital images or scanned documents or certificates with titles as proof in a separate folder in the same CD .**
- ❖ **Specify the references of photos/scanned image in the concerned matter in the report.**



ITEM

Please Answer	Document Evidence Additional Sheet No.	Marks By Committee	Max. Marks
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1. MAINTENANCE OF OFFICE

100

- Minutes Book in order?
- Attendance registers of meetings?
- Complete Membership List & New members Register
- Audited Statement of accounts till last March 31st

			40
			10
			30
			20

2. MEMBERSHIP (Details to be supported by certificate from State office)

100

- No. & percentage of New members in this IDA Year
- Percentage of annual membership **renewal**.
- Increase in membership this term. (No. & percentage)

			30
			30
			40

3. MEETINGS

50

- No of EC meetings held (max 5)
- No of Family meet held

			20
			30

4. CDE ACTIVITIES

(*State CDE Chairman must be intimated in advance. Participants must be given certificates)

350

- No. of Short lectures held (Min. 1 hour)
- No of Half day Programmes held (Min 3hrs)*
- No of Full day Programmes held (Min. 5hours)*
- No of 2 day Programmes held (Min. 9 hours)*
- No. of Hands on Programme*
- No. of Live demonstrations
- No. of Inter-branch CDE Programmes (State CDE Wing Approved)*
- No. of State-level CDE* (Cond. by the branch)/or State CDE (Cond. Directly by State)
- Average attendance in CDE Programme

			20
			30
			50
			60
			50
			30
			40
			50
			20

5. CDH ACTIVITIES (Documental evidence compulsory)

400

- No. of Public Awareness programmes
- No. of Check up/ Treatment Camps conducted
- No. of Patients examined/treated
- No. of School dental health Programmes (NOHP)
- No. of Oral Health Care Kits distributed by NOHP
- No. of competitions held for children
- No. of Adoptions of Institutes
- No. of parent orientation programmes held

			30
			50
			50
			50
			40
			20
			60
			20

a. No. of teachers training programmes held			20
j. Active Free Dental Clinic			60

6.PUBLICATIONS

150

a. No. of Issues of Journal Published this IDA year?			60
b. No. of Issues of Bulletin Published this IDA year?			30
c. Quality of the publication (marks from journal award)			60

7.IDA Kerala State WEBSITE (Marks given by IDA State Website In-Charge)

50

Do you Update			
1. Activity Reports 2. Events Calendar 3. Photo gallery			

8.BRANCH ACHIEVEMENTS (** Only letter issued from concerned state authority is valid)

400

a. No. of IDA State Events hosted **			60
b. No. of IDA National Events hosted**			40
c. Participation in IDA State Projects of this term?			30
d. Attendance in IDA State Pres. & Sec. Seminar?**			30
e. No. of members in 'IDA HOPE'. Increase in Membership?**			50
f. No. of members in 'IMAGE'. Membership Increase?			40
g. Branch RC member Registrations in upcoming IDA Kerala State Conference (till October 31 st)**			50
h. Benefit Schemes for members			70
i. Any other branch achievements			30

9.OTHER ACTIVITIES

300

a. No. of branch level Sports activities conducted			30
b. No. of Special Day Celebrations (National/International)			40
c. No. of dental health exhibitions			60
d. No. of Radio/ T.V. talk			40
e. No. of write ups in public News paper / Magazine?			40
f. Projects/schemes for the public			60
g. Any other branch activities			30

10.GENERAL IMPRESSION

(Based on Branch Visits, State Projects, Systematic Reporting, Presentation & Substantiating with documents)

100

1. State President			25
2. State Secretary			25
3. Awards committee			50

TOTAL MARKS

2000

APPLICATION FORM FOR THE BEST LOCAL BRANCH PRESIDENT

Name of the Branch President			
IDA Local Branch			
Address			
Branch membership strength as on October Last year	Life M=	Annual M=	Total=
Branch membership strength as on November this year	Life M=	Annual M=	Total=
No. & % of Increase in membership	Life M=	Annual M=	Total=

(Use Additional Sheet wherever necessary)

*** Certificate from concerned IDA State/National authority is only valid.**

Sl. No	Item	Please Answer	Document Proof Additional Sheet No.	Marks by Awards Committee
1	How many New members have joined in your Branch during this term?*			30
2	Percentage of branch IDA membership renewal in your term?*			30
3	No of executive committee meetings presided by you during your term?			20
4	No of family meetings held during your term?			30
5	No. of CDE Programmes conducted during your term?			30
6	No. of CDH Activities held during your term?			30
7	No. of Issues of Journals and Branch Bulletin published during your term?			30
8	Are you a member of IDA HOPE ?*			20
9	How many members from your branch newly joined IDA HOPE during this term?*			20
10	Percentage of IDA HOPE membership renewal from your branch?*			20
11	Are you a member of IDA IMAGE ?			20

12	How many members from your branch who have newly joined IMAGE during this term?			20
13	Have you registered as an RC Member for the upcoming IDA Kerala State Conference?*			20
14	No of RC member Registrations from your branch in IDA Kerala State Conference during your term? (till October 31 st)*			30
15	Have you registered as an RC Member for the upcoming IDA National Conference?*			20
16	No of RC member Registrations from your branch for upcoming IDA National Conference? (till October 31 st)*			30
17	How many State conferences you have attended so far?			30
18	How many National conferences you have attended so far?			30
19	Any scientific papers presentation/ publication during your term?			20
20	Have you received any IDA Awards in the past 5 years? If yes give details			20
21	Any major achievement or recognition during this IDA year?			20
22	Did you attend the IDA Kerala State President & Secretary Seminar this term?*			20
23	No. of State IDA events hosted during this term?*			30
24	No. of National IDA events hosted during this term?*			30
25	No. of State Executive committee meetings attended, this term?*			30
26	Did you attend the last AGM of IDA Kerala State?*			20
27	Did you attend the last AGM of IDA head office?			20
28	Have you ensured that head office election was conducted and the result forwarded in time?*			20
29	Have you ensured that the State and Head office share were sent within specified time?*			30

30	Have you ensured that branch programmes were intimated to State office regularly then and there?			10
31	Have you ensured that branch programmes were intimated to Head office regularly then and there?			10
32	Have you ensured that the activity reports of the Branch were sent timely to State office ?			20
33	Have you ensured that the reports of activities of the Branch were timely to Head office ?			20
34	Have you ensured that the list of members and office bearers of your branch with their address were sent to State office on time?			20
35	Have you ensured that the list of members and office bearers of your branch with their address were sent to Head office on time?			20
36	Have you forwarded branch activities to State journal?			20
37	No. of New Projects under taken during your term?			30
38	Measures taken to highlight the Projects & IDA to the public?			30
39	General Impression (for presentation & reporting) 1. State President 2. State Secretary 3. Awards committee			25 25 50
	Total Marks			1000
	25% of marks obtained for the overall branch activity			500

APPLICATION FORM FOR THE BEST LOCAL BRANCH SECRETARY

Name of the Branch Secretary			
IDA Local Branch			
Address			
Branch membership strength as on October Last year	Life M=	Annual M=	Total=
Branch membership strength as on November this year	Life M=	Annual M=	Total=
No. & % of Increase in membership	Life M=	Annual M=	Total=

(Use Additional Sheet wherever necessary)

*** Certificate from concerned IDA State/National authority is only valid.**

Sl. No	Item	Please Answer	Document Proof Additional Sheet No.	Marks by Awards Committee
1	How many New members have joined in your Branch during this term?*			30
2	Percentage of branch IDA membership renewal in your term?*			30
3	No of executive committee meetings organised by you during your term?			20
4	No of family meetings organized during your term?			30
5	No. of CDE Programmes conducted during your term?			30
6	No. of CDH activities held during your term?			30
7	No. of Issues of Journals and Branch Bulletin published during your term?			30
8	Are you a member of IDA HOPE ?*			20
9	No. of members from your branch who newly joined IDA HOPE during this term?*			20
10	Percentage of IDA HOPE membership renewal from your branch?*			20
11	Are you a member of IDA IMAGE ?			20
12	No. of members from your branch who have newly joined IMAGE during this term?			20

13	Have you registered as an RC Member for the upcoming IDA Kerala State Conference?*			20
14	No of RC member Registrations from your branch in IDA Kerala State Conference during your term? (till October 31 st)*			30
15	Have you registered as an RC Member for the upcoming IDA National Conference?*			20
16	No of RC member Registrations from your branch for upcoming IDA National Conference? (till October 31st)*			30
17	How many State conferences you have attended so far?			30
18	How many National conferences you have attended so far?			40
19	Any scientific papers presentation/ publication during your term?			20
20	Have you received any IDA Awards in the past 5 years? If yes give details			20
21	Any major achievement or recognition during this IDA year?			20
22	Did you attend the IDA Kerala State President & Secretary Seminar this year?*			20
23	No. of State IDA events hosted during this term?*			30
24	No. of National IDA events hosted during this term?*			30
25	No. of State executive committee meetings attended during your term?*			30
26	Did you attend the last AGM of IDA Kerala State?*			20
27	Did you attend the last AGM of IDA Head office?			20
28	Have you conducted head office election and the result forwarded in time?			20
29	Have you sent the State office and Head office share within specified time?*			30
30	Have you intimated branch programmes to State office regularly then and there?*			10

31	Have you intimated branch programmes to Head office regularly then and there?			10
32	Have you sent the reports of activities of the Branch timely to State office?*			20
33	Have you sent the reports of activities of the Branch timely to Head office?			20
34	Have you send the list of members and office bearers of your branch with their address to State office on time?*			20
35	Have you send the list of members and office bearers of your branch with their address to Head office on time?			20
36	Have you forwarded branch activities to State/National journal? *			30
37	No. of New Projects under taken during your term?			30
38	Measures taken to highlight Projects & IDA to Public?			30
39	General Impression (for presentation & reporting) 1. State President 2. State Secretary 3. Awards committee			25 25 50
	Total Marks			1000
	25% of marks obtained for the overall branch activity			500

APPLICATION FORM FOR THE BEST STUDENT ACTIVITY AWARD

Name of the IDA Local Branch			
No. of Dental Colleges in the branch territory?			
Total no. of Students?			
No. of IDA Student Members from total student no?	No.	Percentage =	
Student membership strength as on October Last year	Renewal M=	New M=	Total=
Student membership strength as on November this year	Renewal M=	New M=	Total=
Increase in membership	Renewal M=	New M=	Total=

(Use Additional Sheet wherever necessary)

(Certificates from concerned State authorities & Principal of the concerned Dental College is only VALID)

Sl. No	Item	Please Answer	Document Proof Additional Sheet No.	Marks by Awards Committee
1	How many new Student members have joined in your Branch during this term?			30
2	Percentage of branch student membership renewal ?			30
3	No of Scientific programmes for Student members?			30
4	No of Cultural programmes for Student members?			30
5	No of Sports activities for Student members?			30
6	How many IDA Orientation Classes taken?			30
7	Privileges given to IDA Student members?			30
8	No. of IDA Student members registered for Student Dental Conference?			30
9	No. of IDA Student members registered for IDA State conference?			30
10	Measures taken to Promote IDA in Dental colleges?			30
	Total			300



Assessment form for Journal Award

Sl. No	ITEM	Please Answer
1)	Name of the Local Branch	
2)	Name of the Journal	
3)	Periodicity : Quarterly/ Half Yearly/ Yearly	
4)	How many articles have appeared in each issue of journal? Give details a)Editorial b)Scientific c) Association. (Give issue wise in a separate paper)	
5)	How many copies you print (per issue) (Photo copy of printers bill to be enclosed issue wise)	
6)	Are you sending copies to HO as and when published Encl: copies of journal from 1st November to 31 st October	

**(Sd)
Editor**

(Continued..)



MARKS FOR JOURNAL AWARD

(Marks given by Editor Kerala Dental Journal, State President, Secretary & Awards committee Chairman)

Sl. No	Description	Please Answer	Marks Awarded	Maximum Marks
A.	1. Regularity of Publication a. Regular Quarterly b. Regular Half yearly c. Regular yearly			60
B.	2. No of Articles in total a. Scientific b. Association news c. Editorial d. General Articles			40
C.	3. Quality : a. Presentation (Cover, Colour, size overall look) b. No. of pages in total c. Quality of Paper & Printing			60
D.	4. Circulation a. Only branch members b. State EC members c. All local branches d. Branches outside state			40
	Grand Total			200