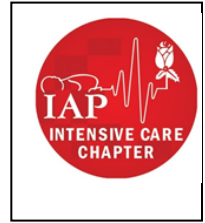




Indian Academy of Pediatrics Intensive Care Chapter



Indian Academy of Pediatrics – IAP Intensive Care Chapter (IAP-ICC) FELLOWSHIP

APPLICATION FORM FOR 1YEAR FELLOWSHIP

Name of the Applicant:		
	(Surname)	(First Name)	(Middle Name)
Date of Birth:		Sex: Male / Female

Complete Postal Address for Communications from IAP ICC Office:

.....

.....

.....

State: Nationality:

Telephones (ISD CODE) (CITY CODE)

Residence: Office:

FAX: Mobile:

Email Id:

Permanent Account Number (PAN)

Medical / Pediatric Qualification	Name of the University	Qualifying Year
1.		
2.		
3.		
4.		
5.		

Degrees, registration no. & registering authority (e.g. MCI or State Medical Council):

.....

Application Form For 1 year IAP-ICC FELLOWSHIP Course

Present employment/ place of work:

Experience: (Residency training, work experience etc. with dates)

1)

2)

3)

Name and address of the hospital you have applied from:

Name and signature of the program director agreeing to accept the candidate for training

NAME:

SIGNATURE:

Date of joining:

SIGNED by the candidate

Date:

Please read the following carefully:

- 1) Only candidates who have completed their MD/DNB in Pediatrics are eligible. DCH candidates are also eligible . (This is applicable for this year only). All candidates have to work & study for 1 year
- 2) The candidate will abide by the curriculum as prescribed in the IAP Intensive care fellowship program. This is also shared with fellowship co-coordinators of respective accredited hospitals.
- 3) The candidate will abide by the rules and regulations of the accredited institutes, which will be shared by the candidate at the time of joining by individual institutes.
- 4) The remuneration to the candidate will be according to the rules of the IAP ICC Fellowship programme.
- 5) The candidate will be responsible for any expenses towards examination fees fixed by IAP fellowship council
- 6) The enrollment form of the candidates should be forwarded to the IAP-ICC immediately after joining of candidates along with Registration fees of **Rs. 20,000/-** in the name of “**IAP Intensive Care Chapter**” by DD/NEFT/RTGS payable at Satara. However, it may be ensured that the admission process is completed by the 31st January for the January session and 30th Jun for Jun session. The institute shall abide by the FELLOWSHIP guidelines issued from time to time in this regard.
- 8) The candidate will produce a certificate of completion from the program director before being allowed to appear for the qualifying examination.
- 9) The candidate had to become a part of Intensive care chapter of IAP (IAP-ICC) as a member.
- 10) The FELLOWSHIP coordinator will spend at least 2 hours per week for FELLOWSHIP candidates to solve their queries/ problem. The FELLOWSHIP coordinator must give a copy of curriculum, latest circulator guidelines related to fee, training, stipend etc. to each FELLOWSHIP candidate.

Place: _____

Date: _____

(Signature of the Applicant) (Use black ink pen)

Please provide following information for IAP Photo Identity Card. Please attach a stamp size photograph (3x2.5 cms) with this application.

Doctor's Name & Cell No Blood Group.....

Allergies..... Emergency Medications.....

How to Apply for Fellowship –

Application should be made in the prescribed form along with the application form for membership of IAP Intensive Care Chapter, photo copies of the following documents should be submitted -

- Scan copies of the M.B.B.S. & Post Graduation Certificates as (as per degrees listed in your application).
- Scan copies of the degrees registration certificates with **State Medical Council** **OR** **Medical Council of India** (as the case may be).
- Scan copy of Aadhar Card / Passport / Voter ID
- **If International Candidate:** Permission from MCI is essential with passport scanned copy and good standing certificate from the medical council of the native country. Fluency in English is a must.

This form is to be scanned and e - mailed to:

Dr Sanjay Ghorpade, Accreditation Secretary, IAP ICC Fellowship programme, Niramay Hospital & Research Center, Sadarbazar, Opp. Zilla Parishad, Satara. Maharashtra.415001. Mobile- 9822057577. E mail- ghorpadesk@gmail.com