



INDIAN ACADEMY OF PEDIATRICS
CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

IAP FELLOWSHIP IN DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS 2018-19

Application Form for Students Applying for the IAP Fellowship Program in Developmental and Behavioral Pediatrics Academic Year 2018 - 19

1. First Name _____
2. Middle Name _____
3. Last Name _____
4. Age _____ D.O.B _____
5. Marital Status – Married / Unmarried _____
6. Fathers / Mother / Husband's Name _____
7. Permanent Residential Address _____

8. Current Residential Address _____

9. Central IAP Membership Number _____
10. IAP Chapter of Neuro Developmental Pediatrics Membership Number _____
11. Qualifications

NAME OF COURSE / DEGREE	COLLEGE / UNIVERSITY	YEAR OF PASSING

12. Email Id _____
13. Phone Number(Mobile) _____ Landline Number _____
14. Work Experience _____

15. Reference: Please provide contact details of your last Employer / Head of Dept of the last Institute _____

16. Demand draft for Application Fee- Amount 2500/- – (Drawn in favor of “Name of Institute Applying at”). Please contact the Course Coordinator for the same. Contact details available on the website www.iapndp.org

For Office Use Only

Particulars of the receipt: Cheque / D.D No.....Bank.....

Amount.....Date.....

DECLARATION

I declare, that the above information is correct to the best of my knowledge. If found false at any given time, I understand that my admission may be cancelled without prior intimation and there will be no refunding of my admission fee.

1. The Application fee of Rs 2500/- should be paid by Demand Draft in Favor of (“Name of Institute Applying at”). This is Non – Refundable.
2. Only those applications which are submitted with application fees will be acceptable.
3. The filled application form along with the DD is to be sent to the address of the respective Course Coordinator at the Accredited Institute of choice, (Listed on the website www.iapndp.org).
4. Last date for application form to reach respective institutes with DD of application fee is 25th **June 2018.**
5. The Shortlisted / selected candidates will be informed through email about their selection after interviews. Kindly provide appropriate and valid email id and phone number. The list will also feature on the website www.iapndp.org
6. Please refer to the website www.iapndp.org for further information.

Kindly attach Xerox copies of the following mentioned Certificates / Documents with the Application form and DD and send to the respective address of the Accredited Institute (List available on the website):

1. Copy of the MBBS and MD / DCH /DNB degree.
2. A bonafide student certificate from the Head of Department of Pediatrics from parent Institute from where post graduate training in Pediatrics obtained.
3. Photocopies of the certificate of the graduate and post graduate degree from the University concerned
4. Certificate of registration with the appropriate State Medical Council or Medical council of India
5. Curriculum vitae
6. Letter of reference from any two Senior Honorary Fellows / Advisors of the IAP Chapter of Neuro Developmental Pediatrics (Childhood Disability Group) / IAP Executive Board Members from respective State / State IAP President / State IAP Secretary (current or past).

For Further Queries Please Contact:

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GOVERNING COUNCIL TEAM IAP FELLOWSHIP IN DEV & BEH PEDIATRICS

DR SS KAMATH – CHAIRPERSON ADVISORY COMMITTEE
DR ABRAHAM PAUL – CHAIRPERSON ACCREDITATION & INSPECTION COMMITTEE
DR JEESON UNNI – CO CHAIRPERSON ACCREDITATION & INSPECTION COMMITTEE
DR SAMIR DALWAI – CHAIRPERSON ACADEMIC COMMITTEE
DR CHHAYA PRASAD – NATIONAL COORDINATOR, IAP FELLOWSHIP IN DEV & BEH PEDIATRICS

IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS
