

Application Form for Institutes Desirous of Having IAPA Fellowship in Paediatric Anaesthesia

Name of Institution:	
Full Address:	
Name and address as well as e mail and mobile number of course coordinator for fellowship:	
Is the Institution: Private/Trust/Government:	
Number of beds (total):	
Is it a multi-specialty or single specialty hospital:	
Does the institution have any accreditation: NABH/JCI Etc.	
If Multi-specialty, name all specialties:	
Mention the diagnostic and lab facilities available:	
Number of NICU beds and ventilators:	
Number of PICU beds and ventilators:	
Emergency Room (Casualty), number of beds: Number of Consultant paediatricians:	
Number of Consultant neonatologists:	
Number of Paediatric Surgeons:	
Number of Consultant Anaesthesiologists: (full details with CVs, including publications, teaching experience, etc.). Whether full time or Part time, and if part time, specify details.	
Number of Registrars/Senior Residents in anaesthesia: (full details with CVs)	
Is the institution recognised by MCI?	
Whether accredited for any training courses (DNB, Fellowships, etc):	
If yes, the name(s) of the course(s):	
Number of Out Patients per month/year:	
Number of In-patient admissions per month/year:	
Number of operation theatres:	
Number of paediatric surgeries per month/year (total):	

Number of neonatal surgeries per month:	
Number of emergency surgeries per month:	
Is there a library and what size?	
Number of books available (specialty wise):	
Journals subscribed or having electronic access (Proof needed):	
Number of Fellowships applied for (Maximum is 2):	
Proposed stipend (per month):	
Is there accommodation available for fellows? If yes give details:	
Any other information of relevance:	