

**APPLICATION FORM FOR FELLOWSHIP AWARDED BY
INDIAN ASSOCIATION OF PAEDIATRIC ANAESTHESIOLOGISTS**

Section I Personal Details:

Full Name

Date of Birth Sex Nationality

Address

City State Pin Code

Telephone Home Mobile Office

E mail id

IAPA membership number (if not a member joining is essential)

Section II Professional Details:

Academic Qualification

| Degree /Fellowship | Institution/University/ Hospital | Year of Passing |
|--------------------|----------------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Professional Experience

| Designation | Name of institution | Duration | Month/Year From : to |
|-------------|---------------------|----------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Experience in Paediatric Anaesthesia : (Number of years, institutions and average number of paediatric cases per month)

.....
.....

Special Training (if any) :

.....
.....

Awards, Honours and Scholarships :

.....
.....

Teaching Experience if any : (Includes teaching MD, DNB, DA or Fellowship candidates)

.....
.....
.....

Membership in Professional Societies:

.....
.....
.....

Contribution to IAPA (Including membership of executive bodies, organization of Conferences, CMEs and workshops, Examinerships for Paediatric Anaesthesia fellowship exams, participation in workshops, conference as faculty)

.....
.....
.....

Research Publications (Attach list of publications if necessary)

- 1.
- 2.
- 3.
- 4.
- 5.

Section III References :

Please provide names of two referees with whom you have worked in the field of Paediatric Anaesthesia) (One of them should be IAPA member)

- 1. Name :
Affiliation :
Designation :
PhNo :
E mail id :

- 2. Name :
Affiliation :
Designation :
PhNo :
E mail id :

Details of Fees payment (Rs 10,000) i.e. Transaction ID on IAPA website or Enclosed Chq/ DD no. made payable to 'Indian Assoc of Paediatric Anaesthesiologists'

.....

Section IV DECLARATION :

I, undersigned, declare that the information provided by me is true, to the best of my knowledge. I also confirm that I anaesthetize at least 30 pediatric cases every month. I authorize the Indian Association of Paediatric Anaesthesiologists to seek any information from my previous and present Employer / Referee in order to aid in my application for fellowship in Paediatric Anaesthesia.

Name:

Signature:

Place: Date :