

## FELLOWSHIP STUDENT INFORMATION

1. Full Name: Dr. \_\_\_\_\_
2. Qualification: \_\_\_\_\_ Medical Registration Number: \_\_\_\_\_ (attach Xerox copy)\*
3. IAPA Membership Number With date \_\_\_\_\_
4. Name of the institution: \_\_\_\_\_
5. Name of the HOD: \_\_\_\_\_
6. Course Director or Coordinator:  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile: \_\_\_\_\_
7. Fellowship Information: (Please attach Joining letter along with HOD signature & stamp)\*  
Date of Joining: \_\_\_\_\_ Date of Completion: \_\_\_\_\_
8. Log Book Submission:
  
9. Paediatric Papers/ Posters presented in last one year in any CME/Conferences.
  
10. Participation in any paediatric Quiz programmes conducted by IAPA National/State.
  
11. Research/Project:
  
12. Fellowship Exit exam Fee Details:  
Cheque / NEFT / Transfer No: \_\_\_\_\_  
Amount Rs. \_\_\_\_\_ Date of Payment: \_\_\_\_\_  
Examination Fee (Rs. 10,000) /Late fee paid on: \_\_\_\_\_
13. Mobile Number: \_\_\_\_\_ Email ID: \_\_\_\_\_
14. Address :  
\_\_\_\_\_  
\_\_\_\_\_
15. Previous employer Information: \_\_\_\_\_
16. Other Information (If any): \_\_\_\_\_

Signature of the Student

Signature of the HOD

**Note: Please send the scanned filled form to [iapaindia.com@gmail.com](mailto:iapaindia.com@gmail.com)**

**Also send two Passport sized photos (soft copy)**