

**APPLICATION FORM FOR HONORARY FELLOWSHIP AWARDED BY  
INDIAN ASSOCIATION OF PAEDIATRIC ANAESTHESIOLOGISTS (IAPA)**

**Section I Personal Details:**

Full Name .....

Date of Birth ..... Sex ..... Nationality .....

Address .....

City ..... State ..... Pin Code .....

Telephone Home ..... Mobile ..... Office .....

E mail id .....

Medical Council & Registration number: .....&.....

IAPA membership number since(year).....

**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

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

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Special Training (if any) :

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Awards, Honours and Scholarships:

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

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Membership in Professional Societies:

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**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)

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**Research Publications** (*Attach list of publications if necessary*)

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

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**Section III References:**

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

1. Name:

Affiliation:

Designation:

Mobile No:

E mail id:

2. Name:

Affiliation:

Designation:

Mobile No:

E mail id:

**\*\*The application should be formally acknowledged by the head of the institute.**

**Details of Fees payment:** Transaction reference number after online NEFT transfer of Rs. 25,000/- (Rupees Twenty-Five Thousand Only) to IAPA account

<b>Account name:</b>	<b>Indian Assoc of Paediatric Anaesthesiologists</b>
<b>Account number:</b>	<b>025094600000936</b>
<b>IFSC code:</b>	<b>YESB0000250</b>
<b>Bank:</b>	<b>Yes Bank</b>
<b>Type of a/c:</b>	<b>Savings account</b>
<b>Branch address</b>	
Shop no G-1, Dev Dhanuka Prestige, Road no 12, Banjara Hills, Hyderabad.Telangana-34.	

**Note:**

- If the application does not meet the eligibility criteria, a deduction of Rs. 5,000 will be made for administrative charges, and Rs. 20,000 will be refunded.
- Last date for submission of the application is **30<sup>th</sup> November 2024**

**Head of the Department / Institute**

Name: \_\_\_\_\_ Signature& Stamp: \_\_\_\_\_

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Please provide bank details along with application for office use **or** please attach cancelled cheque along with application.

<i>Account name:</i>	
<i>Account number:</i>	
<i>IFSC code:</i>	
<i>Bank:</i>	
<i>Type of a/c:</i>	

**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 100 pediatric cases include neonates 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: .....