# Application for Re-accreditation IAPA Fellowship

Name of Institution:

Place:

Course coordinator:

Name

Email

Mobile number:

Number of seats:

Currently:

Applied for:

Is it a multi-specialty or single specialty hospital:

Does the institution have any accreditation: NABH/JCI

Number of beds:

Number of NICU beds and ventilators:

Number of PICU beds and ventilators:

Emergency Room number of beds:

Number/type of NORA sites:

Paediatric surgical subspecialties:

Number of operation theatres:

Number of paediatric surgeries:

Average per month

Total per year (last 3 years):

Number of neonatal surgeries per month:

Number of emergency surgeries per month:

Number of Consultant Paediatric Anaesthesiologists:

(attach separately- full details with CVs, including publications, teaching experience, full time or Part time)

Whether accredited for any training courses in paediatric anaesthesia (DM, DNB, Fellowships, etc):

If yes, the name(s) of the course(s):

Is there a library/online access to journals?

Journals subscribed:

Any CME/workshop/conference/webinar/ any other academic event organised in last 3 years:

Payment info (Rs 30, 000 to IAPA account):

Any other info:

Date:

Place: