

Indian College of Physicians

Eligibility Criteria for the Award of Fellowship of Indian College of Physicians

- 5.2.1.1 Minimum experience of 10 years after Post Graduation.
- 5.2.1.2 Continuous membership of the Association of Physicians of India for not less than 7 yrs.
- 5.2.1.3 Should have made a significant contribution to research/teaching/development in the field of medicine.
- 5.2.1.4 Should have contributed to API by way of scientific or Organizational works.

To make the selection objective, a point system has been followed in assessing the suitability of the applications.

The Criteria used by the Credentials Committee for the award of fellowship are:

- 1. Oualification
- 2. Experience in Medical Profession
- 3. Publications
- 4. Honors/Awards
- 5. Research work
- 6. Contribution to API
- 7. CME & Conference (API/ICP)
- 8. Social welfare/community service

The Fellowship form should be proposed and seconded by Founder Fellow/Fellow of ICP only.

- The Proposer/Seconder should not propose/second more than 3 nominees for award of ICP in a particular year.
- It is responsibility of the Nominee/applicant to get the proposal completed by the proposer and seconder along with the citation.
- API Membership No. of the proposer/seconder should be entered by the proposer/seconder themselves.
- The proposer should satisfy the requirements for proposal as under:
 - The Nominee is a life member of API
 - The Nominee has completed 10 years after post-graduation
- The Nominee should read the Form carefully before filling the columns, to project their achievements appropriately.
- The Nominee should list their achievements in appropriate columns.
- Proof of qualifications, publications, honors, awards, must be submitted as supporting data. The supporting data should be numbered parawise (e.g. 1., 2., 3., etc.), For more than one supporting documents, the numbering should be in alphabets (e.g. 1 (a), (b), (c), etc.).
- No hand written applications will be accepted.
- One original and seven Xerox copies to be submitted

Dr. Agam Vora Dr. A. M. Bhagwati

Hon. General Secretary Jt. Secretary

Available on API and JAPI Websites: www.apiindia.org & www.japi.org

Format for Submission of Bio - Data of The Nominee for Consideration for Award of Fellowship of Indian College of Physicians.

1.	Name in Full (Surname First)							
	(in Block Letters)							
2.	A. P. I. Membership No. and date of joining							
3.	Date of Birth							
	Address Residence			Address Office				
4.	Tel.:	Fax:			E-mail:			
4.	rei.:	Fax:			E-Mail:			
		Mobile						
5.	Postgraduate degree in Medicine	Year of passi	ng	Institu	ute		University	
	Other Professional Qualifications Year			Specialty/Subjects			University/Institute	
a.								
<i>b</i> .								
c. d.								
u.	Certificates Attached							
6.	Experience in Medical Profession after Postgraduation in Medicine							
	Name of Hospital/Clinic/Organization & Location Number of Beds (if applicable) Period Served year wise (From-To)							
Harrie Or Hospital, Clima Organization & Execution							,	
7.	Publications: List below. (If number of publications in Journals exceeds 8, publications which can qualify as research papers may be listed under Research section 9.)							
a) Nur	nber of Publications in Indexed National/Inter	rnational Journals.					Attach title page/Abstract	
							as Appendix	
b) Nur	nber of Chapter in Books/monograms							
c) Editorship of National level or State level: Book /Monogram/Update Series								
0								
8. Honors and Awards (list below with photocopy of proof)								
(a) Oration in National/State Association Meeting							V	
Title of Oration Orga				tion	Year			

(b) Award National/International/or State level									
Title of Award			Organization		Year				
9. Research work (list below)									
(a) Research sanctioned & funded by Research Agency Attach Letter of sanction.									
(b) Departmental Research. (To qualify, the findings should be published in National/International Journal) Do not Attach title page/Abstract									
include papers already listed under Publications									
10.	Contribution to API (list below and attack	ch proof)			•				
Post he	eld in Organization/Meeting	Name of Organizat	Name of Organization/Meeting/CME National/Zona			I/ICP	Year		
11. Participation in CME or Scientific Sessions of API or ICP as Faculty									
				Name of Meetin			Year		
Speaker/Chairperson/Other		Title of Talk/Session	Name of Meeting			rear			
12.	12. Social welfare/Community service. (Include under the headings given below, with documentary evidence)								
	(a) Emergency services during National calamities (Quakes/ Floods/Cyclones, etc.)								
	(b) Public education Program (Radio), TV talk/writing in newspapers.								
	(c) Service in Rural Areas								
Service		Evidence							
LVIU						TICE			

N.B: No handwritten application will be accepted. * To be typed on separate page

*One original and seven Xerox copies of sets to be submitted

Address: Turf Estate, No. 006 & 007, Dr. E. Moses Road, Opp. Shakti Mill Compound, Mahalaxmi (West), Mumbai – 400 011.

Indian College of Physicians

Citation				
The Fellows proposing and seconding the nomination for Fellows scientific achievements of the candidate and the contribution to A. F	thip of Indian College of Physicians should highlight the professional P. I. from personal knowledge in 200 words, in the format given below:			
Name	Name			
Membership No	Membership No			
membership ito.	membership no			
Signature Proposer	Signature Seconder			
	ounder Follow/Follow of ICD only. In case there are more than 2 nomina			

Note: The Fellowship form should be proposed and seconded by Founder Fellow/Fellow of ICP only. In case there are more than 3 nominations by any proposer/seconder, the first three nominations in order of receipt in API Office and complete in all respects will be considered for award of Fellowship of ICP and the others rejected for consideration.