

Indian College of Physicians

Academic Wing of ASSOCIATION OF PHYSICIANS OF INDIA

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 5 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. Qualification
- 2. Experience in Medical Profession
- 3. Publications
- 4. Honours / 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, honours, awards, must be submitted as supporting data. The supporting data should be numbered parawise (eg 1., 2., 3., etc), For more than one supporting documents, the numbering should be in alphabets (eg 1 (a), (b), (c), etc).
- No hand written applications will be accepted.
- One original and seven Xerox copies to be submitted
- Application form is on line, this will be accepted by end of May and November.

Dr. Agam Vora Hon. General Secretary **Dr. A.M. Bhagwati** 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.	el.: Fax :			E-mail:				
		Mobile						
5.	Postgraduate degree in Medicine	Year of	passing	Institute			University	
	Other Professional Qualifications	Ye	ar	Speciality / Subjects			University / Institute	
a.								
b.								
C.								
d.								
	Certificates Attached							
6.	Experience in Medical Profession after			T				
	Name of Hospital / Clinic / Orga	anisation & Location	on	Number of Beds (if applicable)			Period Served year wise (From-To)	
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) Number of Publications in Indexed National / International Journals. Attach title page /								
Abstract as Appendix								
b) Number of Chapter in Books / monograms								
a) = 1	literahin of Noticeal Java an Otata	Dook /Manager	/ladote Oralise					
c) Editorship of National level or State level: Book /Monogram/Update Series								
8.	Honours And Awards (list below with p	hotocopy of proof	·)					
	ration in National / State Association Me							
	of Oration	-	Organisation				Year	

(b) Awa	ard National / International / or State level							
Title of Award		Organisation			Year			
	Research work (list below)							
(a) Res	search sanctioned & funded by Research	Agency			Atta	h Letter of sar	nction.	
(b) Departmental Research. (To qualify, the findings should be published in National/International					Attach title page / Abstract			
Journa	I) Do not include papers already listed un	der Publication	,			1.0		
10. (Contribution to API (list below and attach	proof)						
Post he	eld in Organisation / Meeting	Name of Org	anisation / Meeting / CME	National / Zona	al / Under AF	I/ICP	Year	
11. I	Participation in CME or Scientific Session	s of API or ICF	P as Faculty	-				
Speake	er / Chairperson / Other	Title of Talk /	Session	Name of Meet	ing		Year	
12.	Social welfare / Community service. (In			documentary ev	idence)			
	(a) Emergency services during National calamities (Quakes/ Floods/Cyclones, etc)							
	(b) Public education Programme (Radio), IV taik/ writi	ing in news papers .					
Comio	(c) Service in Rural Areas				Fuidanaa			
Servic	с				Evidence			

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. e-mail: api.hdo@gmail.com

Indian College of Physicians

Citation

The Fellows proposing and seconding the nomination for Fellowship of Indian College of Physicians should highlight the professional / scientific achievements of the candidate and the contribution to A. P. I. from personal knowledge in 200 words, in the format given below:

Name	Name	
Membership No	Membership No	
Signature Proposer	Signature Seconder	