

**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 : Mobile		E-mail:
5.	Postgraduate degree in Medicine	Year of passing	Institute	University	
	Other Professional Qualifications	Year	Speciality / Subjects	University / Institute	
a.					
b.					
c.					
d.					
	Certificates Attached				
6.	Experience in Medical Profession after Postgraduation in Medicine				
	Name of Hospital / Clinic / Organisation & Location		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				
	c) Editorship of National level or State level: Book /Monogram/Update Series				
8.	Honours And Awards (list below with photocopy of proof)				
	(a) Oration in National / State Association Meeting				
	Title of Oration	Organisation		Year	

(b) Award National / International / or State level			
Title of Award		Organisation	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 include papers already listed under Publications			Attach title page / Abstract
10.	Contribution to API (list below and attach proof)		
Post held in Organisation / Meeting		Name of Organisation / Meeting / CME	National / Zonal / Under API/ICP
			Year
11.	Participation in CME or Scientific Sessions of API or ICP as Faculty		
Speaker / Chairperson / Other		Title of Talk / Session	Name of Meeting
			Year
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 Programme (Radio), TV talk/ writing in news papers .			
(c) Service in Rural Areas			
Service			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 _____

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.