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 years
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

Note:
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 the 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 dentered 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
  - Atleast the nominee has three publication in JAPI / API related journals (of participating Associations
    and in atleast ONE OF THEM the nominee is the First Author.
    (Abstracts are not to be counted as Publication of papers)
- The Nominee should send Reprints of 3 publications in JAPI/API related Journals.
- The Nominee should send proofs of organisational work related to API / Local Chapter (Photocopies of Programme/Invitations/Update/CME publications) and Research work (Sanction of Agency concerned/papers published).
- No hand written application will be accepted
- One original and seven Xerox copies to be submitted;
- Last date for receiving application form is 31st May, 2003.

Sd/-
Dr. Lekha Pathak
Dean, ICP

Sd/-
Dr. JM Phatdare
Jt Sceretary, ICP

Sd/-
Dr. Sandhya Kamath
Hon General Secretary, API & ICP

Sd/-
Dr. Falguni Parikh
Jt Sceretary, ICP

Address : - Laud Mansion, 3rd Floor, Maharshi Karve Road, Mumbai 400 004.
Tel. : (022) 2382 9348  Fax : 2389 5297

Fellowship Form attached overleaf
## FORMAT FOR SUBMISSION OF BIO-DATA OF THE NOMINEE FOR CONSIDERATION FOR AWARD OF FELLOWSHIP OF INDIAN COLLEGE OF PHYSICIANS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **1.** | **Name in Full (Surname first)**  
(in block letters) |
| **2.** | **API membership No. and date of joining** |
| **3.** | **Date of Birth** |
|   | **Address Residence**  
**Address Office** |
| **Telephone No.** | **Fax**  
**E-mail** |
| **5.** | **Professional Qualifications**  
**Degree**  
**Year**  
**Speciality Subjects**  
**University/Institute** |
| | a. |
| | b. |
| | c. |
| | d. |
| **6.** | **Contribution to API**  
Organisation of Regional/National/International/CME Programme, Positions held in executive bodies/sub-committees of A.P.I |
| | a. |
| | b. |
| | c. |
| | d. |
| **7.** | **Appointment held (starting with present appointment)**  
**Post/Position**  
**Employing authority**  
**Period** |
| | a. |
| | b. |
| | c. |
| | d. |
| | e. |
| | f. |
| | g. |
8. Research Experience / Field of Interest
1.
2.
3.
4.
5.
6.
7.
8.
9.

*Publications  Research Projects

9. Awards/Distinctions. (Regional / National / International)

<table>
<thead>
<tr>
<th>Title of Award</th>
<th>Name of Organisation</th>
<th>Year of Award</th>
</tr>
</thead>
</table>
a.
b.
c.
d.
e.
f.

10. Any significant / recognised Community Health Services

a.
b.
c.
d.
e.
f.

N.B.: No hand written application will be accepted. * To be typed on separate page
*One original and seven Xerox copies to be submitted
Last date for receiving the application form is 31st May, 2003.
Address: API, Laud Mansion, III Floor, MK Road, Mumbai 400 004.
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 API from personal knowledge in 200 words, in the format given below:

<table>
<thead>
<tr>
<th>Proposer Signature</th>
<th>Seconder Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposer's name</td>
<td>Seconder's name</td>
</tr>
<tr>
<td>Membership No. L-</td>
<td>Membership No. L-</td>
</tr>
</tbody>
</table>

Note: - 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 nominations for award of ICP in a particular year. (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 considerations.)