



**Indian Academy of Pediatrics**  
**Chapter of NEURO DEVELOPMENTAL PEDIATRICS**

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**IAP FELLOWSHIP IN DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS**

Application Form for Students Applying for the IAP Fellowship Program in Developmental and Behavioral Pediatrics Academic Year 2016 - 17

1. First Name \_\_\_\_\_
2. Middle Name \_\_\_\_\_
3. Last Name \_\_\_\_\_
4. Age \_\_\_\_\_ D.O.B \_\_\_\_\_
5. Marital Status – Married / Unmarried \_\_\_\_\_
6. Fathers / Mother / Husband's Name \_\_\_\_\_
7. Permanent Residential Address \_\_\_\_\_

8. Current Residential Address \_\_\_\_\_

9. Central IAP Membership Number \_\_\_\_\_

10. Qualifications

NAME OF COURSE / DEGREE	COLLEGE / UNIVERSITY	YEAR OF PASSING

11. Email Id \_\_\_\_\_
12. Phone Number( Mobile) \_\_\_\_\_ Landline Number \_\_\_\_\_
13. Work Experience \_\_\_\_\_

14. Reference: Please provide contact details of your last Employer / Head of Dept of the last Institute \_\_\_\_\_

15. Demand draft for Application Fee \_\_ (Drawn in favor of “Name of Institute Applying at”). Please contact the Course Coordinator for the same. Contact details available on the website.

**For Office Use Only**

**Particulars of the receipt: Cheque / D.D No.....Bank.....**

**Amount.....Date.....**

**DECLARATION**

I declare, that the above information is correct to the best of my knowledge. If found false at any given time, I understand that my admission may be cancelled without prior intimation and there will be no refunding of my admission fee.

1. The Application fee of Rs 2500/- should be paid by Demand Draft in Favor of (“Name of Institute Applying at”). This is Non – Refundable.
2. Only those applications which are submitted with application fees will be acceptable.
3. The filled application form along with the DD is to be sent to the address of the respective Course Coordinator at the Accredited Institute of choice,(Listed on the website [www.iapndp.org](http://www.iapndp.org)).
4. Last date for application form to reach respective institutes with DD of application fee is **7<sup>th</sup> July 2016.**
5. The Shortlisted / selected candidates will be informed through email about their selection after interviews. Kindly provide appropriate and valid email id and phone number. The list will also feature on the website.
6. The selected candidates will have to deposit admission fee of Rs 50,000/- for a one year Fellowship Training Program once their selection is announced on the website.
7. Please refer to the website [www.iapndp.org](http://www.iapndp.org) for further information.

**Kindly attach Xerox copies of the following mentioned Certificates / Documents with the Application form and DD and send to the respective address of the Accredited Institute (List available on the website):**

1. Copy of the MBBS and MD / DCH /DNB degree.
2. A bonafide student certificate from the Head of Department of Pediatrics from parent Institute from where post graduate training in Pediatrics obtained.
3. Photocopies of the certificate of the post graduate degree from the University concerned
4. Certificate of registration with the appropriate State Medical Council or Medical council of India
5. Curriculum vitae
6. Letter of reference from two Senior fellows / Advisors of the IAP Chapter of Neuro Developmental Pediatrics (Childhood Disability Group) / IAP Executive Board Members from respective State / State IAP President / State IAP Secretary ( current or past).

**For Further Queries Please Contact:**

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