



**INDIAN ACADEMY OF PEDIATRICS**  
**CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS**

**IAP FELLOWSHIP IN DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS 2019-20**

Application Form for Candidates Applying for the IAP Fellowship Program in Developmental and Behavioral Pediatrics Academic Year 2020-2021

1. First Name \_\_\_\_\_
2. Middle Name \_\_\_\_\_
3. Last Name \_\_\_\_\_
4. D.O.B \_\_\_\_\_
5. Marital Status – Married / Unmarried \_\_\_\_\_
6. Father / Mother / Spouse Name \_\_\_\_\_
7. Permanent Residential Address \_\_\_\_\_  
\_\_\_\_\_
8. Current Residential Address \_\_\_\_\_  
\_\_\_\_\_
9. Central IAP Membership Number \_\_\_\_\_
10. IAP Chapter of Neuro Developmental Pediatrics Membership Number \_\_\_\_\_
11. Qualifications

NAME OF COURSE / DEGREE	COLLEGE / UNIVERSITY	YEAR OF PASSING

12. Email Id \_\_\_\_\_
13. Phone Number( Mobile) \_\_\_\_\_ Alternate Number \_\_\_\_\_
14. Work Experience \_\_\_\_\_  
\_\_\_\_\_

15. Areas of Interest: \_\_\_\_\_
16. Reference: Please provide contact details of your last Employer / Head of Dept of the last Institute  
\_\_\_\_\_
17. Demand draft for Application Fee- Amount 2500/- – (Drawn in favor of “Name of Institute Applying at”)
18. Demand Draft Number \_\_\_\_\_ Dated \_\_\_\_\_
19. Please contact the Course Coordinator of the Respective Child Development Center / Medical Institute / Medical College for the same.
20. Contact details of all IAP Accredited Institutes and Contact Details of Course Coordinators available on the website.

<p><b>For Office Use Only</b></p> <p><b>Particulars of the Receipt: Cheque / D.D No... / Dated .....</b></p> <p><b>Name of the Bank.....</b></p> <p><b>Amount mentioned .....</b></p> <p><b>Date of Receiving .....</b></p>
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### 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 re-funding 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 Demand Draft / 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 **31<sup>st</sup> July 2020**.
5. Dates for Interview at Respective IAP Accredited Institutes / Child Development Centers will be informed individually by the Course Coordinators.
6. Due to the Corona Pandemic Lockdown issues, **Online Interviews** may be held in the month of August 2020.
7. The Shortlisted / Selected candidates will be informed through email about their selection after the online interviews. Kindly provide functional and valid email id and phone numbers on the application forms. The list of Selected Candidates will also feature on the website by first week of September.

8. The selected candidates will have to deposit admission fee of Rs 85,000/- for a one year IAP Fellowship Training Program once their selection is announced on the website. Last Date of submitting fees will be announced on the website as well as by the Course Coordinators.
9. 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 Demand Draft and send to the respective address of the IAP Accredited Institute (List available on the website). Due to the Courier / Speed Post services being on hold unpredictably, it is advised to scan all documents (self-attested) and mail them to the Respective Institutes as well as to the National Coordinator Dr Chhaya Prasad and to the National Secretary Dr Kawaljit Singh Multani for records.**

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 graduate and post graduate degree from the concerned University.
4. Certificate of registration with the appropriate State Medical Council or Medical Council of India
5. Curriculum vitae
6. Letter of reference from any two = 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:**

<b>Dr. Jeeson Unni</b>
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<b>Dr. Shabina Ahmed</b>	<b>Dr Kawaljit Singh Multani</b>
National Chairperson, IAP Chapter of Neuro Developmental Pediatrics	National Secretary, IAP Chapter of Neuro Developmental Pediatrics
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**IAP Chapter of Neuro Developmental Pediatrics**

**National Chairperson** IAP Chapter of Neuro Developmental Pediatrics 2020 – Dr Shabina Ahmed

**National Secretary** IAP Chapter of Neuro Developmental Pediatrics 2020 – Wing Commander Dr KS Multani

**GOVERNING COUNCIL IAP FELLOWSHIP IN DEV & BEH PEDIATRICS**

Dr SS Kamath – Chairperson Advisory Committee

Dr Abraham Paul – Chairperson Accreditation & Inspection Committee

Dr Jeeson Unni – Co Chairperson Accreditation & Inspection Committee

Dr Samir Dalwai – Chairperson Academic Committee

Dr Chhaya Prasad – National Coordinator, IAP Fellowship in Developmental & Behavioral Pediatrics

**IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS 2020**

**Indian Academy of Pediatrics**