



Indian Academy of Pediatrics Chapter of Neurodevelopmental Pediatrics

Application Form for Institutes to Affiliate as Training & Teaching Centers for IAP Fellowship Program in Developmental and Behavioral Pediatrics 2025

1. Name of the Institute _____

2. Address _____

3. Name of the Contact person and Details who will coordinate for IAP Fellowship Program from the Institute / Centre _____

4. Year of Establishment of the Child Development Center / Medical Institute / Hospital _____

5. Institute Registration Number: _____

6. Faculty Details: {Please see the information below}

| S.No | Name | Qualification | Experience | Central IAP No. / Chapter membership number |
|------|------|---------------|------------|---|
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7. Research Programs at the Institute _____

8. Training Programs Running at the Centre _____



9. Payment Details DD No: _____ Name of the bank: _____
Date: _____

DECLARATION

On behalf of the Institute, I express my concern to start the IAP Fellowship Training Program in Developmental and Behavioral Pediatrics in line with rules and regulations set by Indian Academy of Pediatrics and its Chapter of Neuro Developmental Pediatrics.

The details furnished are correct to the best of my knowledge and I agree to permit the inspection of our Institute by the IAP Fellowship Governing Body-Inspection Committee.

Institute Head / Director / Fellowship Program Coordinator _____

_____ Seal: _____ Place / Date: _____

Instructions:

1. Application Fee: Rs 10,000/- (Non-refundable)
2. The Application fee should be paid by Demand Draft in Favour of "IAP Chapter of Neuro Developmental Pediatrics" payable at Ernakulum
Or online transfer to below mentioned account:

Name of account: IAP chapter of neurodevelopmental pediatrics Bank:
Federal Bank Ltd, Ernakulum/ Kathrunkadavu
Account number: 16860100040046
IFSC code: FDRL0001686
3. Only those applications which are submitted with application fees will be acceptable.
4. The application is to be addressed and sent to the address as mentioned below along with a copy with scanned document to chapter e mail.
5. The official documents including checklists for availability of SOP'S, Record keeping, documents of qualification and experience of the faculty and various requirements of the infrastructure and human resources to be scanned and submitted as pdf file to cdgiap@gmail.com along with application form and also post on below mentioned address. A manual inspection by senior IAP Officials will be carried out subsequently.



6. Inspection of institute will be scheduled by chapter once the application form is accepted.
Cost of inspection (including inspectors fee, stay and travel) amounting to Rs 50,000 shall be incurred by applying institute.

7. The Institute will have to take care of all hygiene measures to ensure safety of the IAP members visiting for inspection.

8. Last date to submit application is 30th May 2025

9. Please read the Document on Eligibility Criteria before filling the Application Form.
Address for sending documents by Courier:

Dr Leena Deshpande, Chairman, Accreditation Committee

Address:

A1, Candida society

Sector 9A, Plot 51A

Next to Father Agnelli School, Vashi, Navi

Mumbai

Pin: 400703

For further enquiries contact:

Dr. Shambhavi Seth

National Secretary

9811206798

Dr Samir Dalwai

National Fellowship
Coordinator

7738146666

Dr Indu Surana

Admin. coordinator

9830080057

IAP Chapter of Neuro Developmental Pediatrics 2025

National Chairperson– Dr. Kawaljit Singh Multani

Chairperson elect– Dr. Zafar Meenai

Vice chairperson -Dr. Deepa Bhaskaran.

National Secretary– Dr. Shambhavi Seth



National Coordinator- Dr Samir Dalwai

NationalCoordinator(Admin)-Dr.InduSurana

Chairperson,AcademicCommittee-Dr.DiptyJain

ChairpersonAccreditationCommittee-DrLeenaDeshpande.