



# Indian College of Physicians

Academic Wing of  
ASSOCIATION OF PHYSICIANS OF INDIA

## 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 yrs.
- 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.

To make the selection objective, a point system has been followed in assessing the suitability of the applications.

The Criteria used by the Credentials Committee for the award of fellowship are:

1. Qualification
2. Experience in Medical Profession
3. Publications
4. Honours / Awards
5. Research work
6. Contribution to API
7. CME & Conference (API/ICP)
8. Social welfare/ community service

### **The Fellowship form should be proposed and seconded by Founder Fellow / Fellow of ICP only.**

- The Proposer / Secunder should not propose / second more than 3 nominees for award of ICP in a particular year.
- It is 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 entered 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
- The Nominee should read the Form carefully before filling the columns, to project their achievements appropriately.
- The Nominee should list their achievements in appropriate columns.
- Proof of qualifications, publications, honours, awards, must be submitted as supporting data. The supporting data should be numbered parawise (eg 1., 2., 3., etc), For more than one supporting documents, the numbering should be in alphabets (eg 1 (a), (b), (c), etc).
- No hand written applications will be accepted.
- One original and seven Xerox copies to be submitted
- Last date for receiving application form is **31st May, 2021.**

**Dr. Mangesh Tiwaskar**  
Hon. General Secretary

**Dr. A.M. Bhagwati**  
Jt. Secretary

**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>(b) Award National / International / or State level</b>			
<b>Title of Award</b>		<b>Organisation</b>	<b>Year</b>
9. <b>Research work (list below)</b>			
<b>(a) Research sanctioned &amp; funded by Research Agency</b>		<b>Attach Letter of sanction.</b>	
<b>(b) Departmental Research. (To qualify, the findings should be published in National/International Journal) Do not include papers already listed under Publications</b>		<b>Attach title page / Abstract</b>	
10. <b>Contribution to API (list below and attach proof)</b>			
<b>Post held in Organisation / Meeting</b>	<b>Name of Organisation / Meeting / CME</b>	<b>National / Zonal / Under API/ICP</b>	<b>Year</b>
11. <b>Participation in CME or Scientific Sessions of API or ICP as Faculty</b>			
<b>Speaker / Chairperson / Other</b>	<b>Title of Talk / Session</b>	<b>Name of Meeting</b>	<b>Year</b>
12. <b>Social welfare / Community service. (Include under the headings given below, with documentary evidence)</b>			
<b>(a) Emergency services during National calamities (Quakes/ Floods/Cyclones, etc)</b>			
<b>(b) Public education Programme (Radio), TV talk/ writing in news papers .</b>			
<b>(c) Service in Rural Areas</b>			
<b>Service</b>		<b>Evidence</b>	

**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**

**Last date for receiving the application form is 31<sup>st</sup> May 2021.**

**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/secorder, 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.