

**NOMINATIONS FOR THE AWARD OF
SHISHU VISHESHAGAYA SHIROMONI (PURBANCHAL)
&
PIONEER AWARDS OF EAST ZONE IAP
(ONLY FOR EAST ZONE IAP MEMBERS)**

Date : _____

IAP State Branch : _____

PROFORMA (Please use extra sheets if required)

1. Name of the Nominee :
 2. Address :
 3. Date of Birth :
 4. Qualifications : Year University

MBBS

DCH

MD

Ph.D

Others

5. Central IAP Membership No. :
 6. State IAP Membership No. :
 7. Member of State Branch Since when ?
 8. Teaching and / professional Experience till date :

Sl. No.	Designation	Hospital / Clinic	Period

9. Editorial Services Provided to Medical Journals :

10. Details of Publications : (use separate sheet)

11. Awards for Professional Recognition. If you have already received the Pioneer Award, please state the year of receipt.

12. Representation in NON-IAP Institutions :
13. Your role in Central IAP activities :
14. Your role in IAP East Zone activities / conference.:
15. Which IAP East Zone Conferences did you attend :
16. Give a 200-word note on your contributions to Child Welfare and why your nomination should be accepted. If applying for Pioneer Award, Please highlight the pioneering work (use separate sheet)

Name of the Proposer

Name of Seconder

Signature

Signature

IAP Membership No.
(Central)

IAP Membership No.
(Central)

Address

Address

Date :

Date :

Place :

Place :

CONSENT OF THE NOMINEE

" I am willing to be nominated for the award of Shishu Visheshagya Shiromoni (Purbanchal) / Pioneer Award of East Zone of IAP" :

Signature of Nominee :

Name of Nominee :

Address of Nominee :

FORWARDED BY STATE SECRETARY,
AFTER APPROVAL OF
GENERAL BODY / EXECUTIVE BODY

Signature

Name

Date :

Membership strength of the State Branch