

**THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS**

**www.physiotherapyindia.org**

**INVITATION FOR IAP AWARDS, 2018**

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| **Office Use**  |
| **MIAP No.** |   |
| **Approved -**  | **Yes** | **No** |

The CEC of IAP invites IAP Life Members for the nomination of Annual Awards & recognition by IAP for 2018. The recognition will be done during **1st Professional Physiotherapy Conference of United IAP scheduled to be held at Constitution Club of India DELHI from 24/03/2018 to 25/03/2018 March, 2018**. Do send your nomination by post with all supporting documents tDr. Anjani Kumar, Convenor, Awards and Recognition, as follow address:-

Dr. Anjani Kumar

Flat No103, Gayatri Arcade, Near Bank of Maharashtra, Laxmi Nagar Colony, Kothapet, Hyderabad , Telangana State, 500035, India

Mob: 9440179488, 9032111695.

Last date for nomination January 30th, 2018

Note : Who has applied before no need to apply again.

**IAP FELLOWSHIP AWARD**

Highest Award for Professional and Meritorious work provided by IAP during Annual Conference. The award includes Fellowship Certificate, Memento and Chest Pin engraved as F.I.A.P.

**Requirements**

\* Candidate must be life member of I.A.P.

\* Minimum fifteen years of professional experience.

\* Must submit application with form and Supporting Documents.

**OTHER AWARDS.**

**1. I.A.P. ORATION :** Awarded for Academic Excellence, Research and Publications.

The award includes I.A.P Oration Certificate, Memento and cash prize of Rs.10,000.

To deliver 45minutes of presentation during the conference.

Criterias:

A) Life Member of I.A.P. having at least 10 yrs experience after graduation.
B) Must have earlier presented and published high standard scientific papers nationally and internationally.
C) Oration must be high standard and to be approved by scientific committee.

**2. C.P. NAIR ORATION:**  Awarded for Academic Excellence, Research and Publications.

The award includes I.A.P Oration Certificate, Memento and cash prize of Rs.5,000.

To deliver 45minutes of presentation during the conference.

Criterias:

A) Life Member of I.A.P. having at least 05 yrs experience after graduation.
B) Must have earlier presented and published high standard scientific papers nationally and internationally.
C) Oration must be high standard and to be approved by scientific committee.

**3. INDIA MEDICO**.. Award includes Memento and Certificate.

Award for excellence in the field of physiotherapy. Criterias: A) Must.be an active member of the I.A.P. B) Should have done outstanding service to upgrade the profession) Should have created awareness of profession in the region where physiotherapy is not available by organizing camps, programmes on electronic media or write up in the news paper.

**4. DISTINGUISH SERVICE:**. Award includes Memento and Certificate. Criterias: A) Must.be an active member of the I.A.P. B) Should have done outstanding service to upgrade physiotherapy profession.

**5. SENIOR MEMBER.**Award includes Memento and Certificate.

 Criterias: A) Must.be an active member of the I.A.P. since last 25 years B) Should have done significant service to physiotherapy profession Socially/ Academically.

**6. SIGNIFICANT ACHIVEMENT**.: Award includes Memento and Certificate.

 Criterias: A) Must.be an active member of the I.A.P. B) Should have done significant work and service to upgrade physiotherapy profession.

**6. YOUNG ACHIEVEMENT.:** Award includes Memento and Certificate.

 Criterias: A) Must.be an active member of the I.A.P. B) Should have done significant work to upgrade physiotherapy profession.

**8.SIGNIFICANT CONTRIBUTION** : Award includes Memento and Certificate.

Criterias: A) Must.be an active member of the I.A.P. B) Should have done significant work for physiotherapy profession.

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**Dr. Anjani Kumar**

**Flat No103, Gayatri Arcade, Near Bank of Maharashtra, Laxmi Nagar Colony, Kothapet, Hyderabad , Telangana State, 500035, India**

**Mob: 9440179488, 9032111695.**

Last date for nomination **December 10th, 2017.**

**Note: Do kindly note that the final approval of Awards to be done by Award Committee and the Central Executive Committee of IAP.**

 **APPLICATION FORM**

**For :-**

|  |  |
| --- | --- |
| **Fellowship Award**  |  |
| **IAP Oration Award**  |  |
| **C.P Nair Oration Award**  |  |
| **India Medico Award** |  |
| **Distinguish Service Award** |  |
| **Senior Member Award** |  |
| **Significant Achievement Award** |  |
| **Young Achievement Award** |  |
| **Significant Contribution Award** |  |

Note:- Desire candidate please tick appropriate award.

 :- Only one award for one application form if multiple application for

 award kindly forward separate forms.

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| PHOTO |
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1.Name:

2.Date of Birth:

3. I.A.P. Reg. No: L-

4. Address in full:

5. Telephone No: Office/ clinic: Residence:

6. Mobile No:

7. E.mail.I.D.:

 My Contribution:-

|  |  |
| --- | --- |
| (A) For Profession:- |  |
| (B) For Association:-  |  |
| (C) For Society & Community |  |

8. Academic Qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Passed Year | College/ University | % of Marks |
| Under Graduate  |  |  |  |
| Post Graduate  |  |  |  |
| PhD |  |  |  |
| Any Other |  |  |  |

9. Work Experience:- Mention place and year in India or abroad.

•Clinical :-

•Teaching:-

•Research (attach extra sheet for the details of work done):-

10. Present Position :- ( with designation and full address of workplace):-

11. Position Held :- In I.A.P. ( Details of the post and year):-

12. Awards / Citation/Medals received :- (in details with year and place):-

13. Paper /Poster Presentation:- in the field of physiotherapy or other medical seminar or conference/s in India and abroad, attach abstract of each presentation mention the place and year.( attach extra sheet):-

14. Publication:- In journals, News paper giving details of the year with a copy of each publication:-

15. Publication/s in text book or any book with title (pl. attach a copy):-

16. Any other Scientific/Research Work: - (in details):-

17. Any specialized field of work: - E.g. Cancer, Women’s wellness ,Geriatrics, Industrial health, C B R. etc.:-

18. Conducted workshop/ C.M.E/ Conference: - (in details):-

19. Awareness program: Camps/ TV program/ Radio Talk etc.:-

20. Exclusive Services:- In rural/Urban areas/ Disaster Management/ Community health services. (Give details of places, years etc.):-

21. Conference attended :- I.A.P./ International. (Mention place, year etc.):-

I, the undersigned hereby declare that all particulars given above are true to the best of my knowledge and belief.

Date:-

Place: - Signature

 Note:- Kindly attached all supporting Documents.