



**THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS**

**www.physiotherapyindia.org**

**INVITATION FOR IAP AWARDS, 2022**

**LAST DATE OF FILING THE FORM 15TH DEC. 2021**

**Central IAP will facilitate the Awardees During Annual IAP Coference.**

**All the Applications Must Reach in Hard Copy To Award Chairman Address and In soft copy to**

**[iaptreasurer2020@gmail.com](mailto:iaptreasurer2020@gmail.com)**

**[anjaniphysio@yahoo.co.in](mailto:anjaniphysio@yahoo.co.in)**

Office Use		
MIAP No.		
Approved -	Yes	No

Award Chairman Signature:-

President / General Secretary Signature:-

**The CEC of IAP invites IAP Life Members for the nomination of ..... The recognition will be done during .... Annual Conference of IAP scheduled to be held at ..... Do send your nomination by post with all supporting documents to Dr. Anjani Kumar, CHAIRMAN , Awards and Recognition, as follow address:-**

**Dr. Anjani Kumar  
Flat no-302,Sri Balaji Nivas,  
Door no 261-1-62/2,Phanigiri Colony,  
Chaitnyapuri, hyderabad, India -500060  
Mob: 9440179488, 9032111695.**

Last date for nomination .....

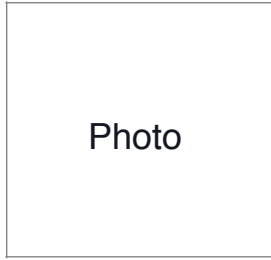
## **APPLICATION FORM**

**For :-**

<b>Fellowship Award</b>	
<b>IAP Oration Award</b>	
<b>C.P Nair Oration Award</b>	
<b>India Medico Award</b>	
<b>Distinguish Service Award</b>	
<b>Senior Member Award</b>	
<b>Significant Achievement Award</b>	
<b>Young Achievement Award</b>	
<b>Significant Contribution Award</b>	

Note:- Desire candidate please tick appropriate award.

:- If Candidate Desire more than one award kindly fill separate form.



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.:

8. Academic Qualifications:

Qualification	Passed Year	College/ University	% of Marks
Under Graduate			
Post Graduate			
P.hd			
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 if required ):-

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.):-

22. My Contribution:-

(A) For Profession:-

1)

2)

3)

4)

5)

6)

7)

(B) For Association:-

1)

2)

3)

4)

5)

6)

7)

(C) For Society & Community

1)

2)

3)

4)

5)

6)

7)



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

Date:-

Place: -

Signature

**Application forwarded by :**

Name of Person :

Post ( IAP State President/Secretary ) :

Remarks :

Signature.

IAP membership No.