



THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

www.physiotherapyindia.org

INVITATION FOR IAP AWARDS, 2024

LASTDATE OF FILLING THE FORM 1ST FEBRUARY, 2024

All the Applications must be addressed to –
The National President, IAP,
Dr Sanjiv K Jha (PT)

and Must Reach In soft copy to

iapindia.awards@gmail.com

&

iaptreasurer2020@gmail.com

For Office use only

MIAP No.	
Approved -	Yes
	No

Nominations are now invited by IAP CEC for IAP Awards 2024. The Awardees will be felicitated during the 61st Annual Conference of IAP.

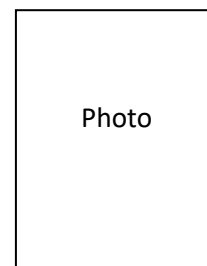
Last date for nomination – **1st February, 2024**

APPLICATION FORM

Award Category – (Please tick the relevant category)

AWARD CATEGORY	PLEASE TICK (✓)
IAP FELLOWSHIP AWARD	
I.A.P. ORATION AWARD	
C.P. NAIR ORATION AWARD	
KAREESAN ORATION AWARD	
INDIA MEDICO AWARD	
DISTINGUISHED SERVICE AWARD	
SENIOR MEMBER AWARD	
SIGNIFICANT ACHIEVEMENT AWARD	
YOUNG ACHIEVEMENT AWARD	
SIGNIFICANT CONTRIBUTION AWARD	
BEST IAP STATE AND DISTRICT BRANCH AWARD	
BEST STATE PRESIDENT/ GENERAL SECRETARY/ TREASURER/VICE PRESIDENT AND EC MEMBER	
BEST IAPWC BRANCH AWARD	
BEST IAPWC STATE CORDINATOR/DIST. COORDINATOR AND EC MEMBER	

Note:-Please tick only one category. If you wish to apply for more than one category, please fill the separate form for each category.



Name:	
Date of Birth:	
I.A.P. Reg.No	
Address in full	
Telephone No: Office	
Telephone No: clinic:	
Telephone No: Residence:	
Mobile No:	
Email.ID.:	

Academic Qualifications:

Qualification	Passing Year	College/ University	%of Marks
Under Graduate			
Post Graduate			
Ph.D			
Any Other			

Work Experience:-Please provide all the details of work experience – Name of the workplace, address and total experience. (India &Abroad) (Please use a separate sheet if needed)

Clinical :-	
Teaching:-	

Research (Please use a separate sheet if needed)	

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

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

Awards / Citation/Medals received:- (in detail with year and place)	

Paper / Poster Presentation in the field of physiotherapy or other medical seminar or conferences in India and abroad, attach the abstract of each presentation and mention the place and year. (Please use a separate sheet if needed)	

Research Publications (Please provide the title of the study, publication year,	

to Physiotherapy :- (Please attach a separate sheet if needed)	

Workshop/C.M.E/ Conference conducted (Please provide details like Date, title of the workshop / name of the conference, address of the event, position held if a member of organizing team of the conference. Please attach a separate sheet if needed)	

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

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

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 IAP	1
	2
	3
	4
	5
	6
	7

(C) For Society & Community	1
	2
	3
	4
	5
	6
	7

I, the under signed 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 CEC/State /IAPWC)

:Remarks :

Signature.

IAP Membership No.