

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

www.physiotherapyindia.org

INVITATION FOR IAP AWARDS, 2024

LASTDATE OF FILLING THE FORM1ST 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	- 1 PA 1
SENIOR MEMBER AWARD	
SIGNIFICANT ACHIEVEMENT AWARD	107 / - 1
YOUNG ACHIEVEMENT AWARD	15.11
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.

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Name:		
Date of Birth:		
I.A.P. Reg.No		
Address in full		
Telephone No: Office	A CONTINUE OF THE PARTY OF THE	
Telephone No: clinic:		
Telephone No: Residence:		
Mobile No:	134 111 15	
Email.ID.:	25 1007 10	
	A so domio Onalifications	

Academic Qualifications:

Quali <mark>fication </mark>	Passing Year	College/ University	%of Marks
Under Graduate	200		/
Post Graduate	5 1		
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:-	

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,	Research	
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	provide the title of	
	the study,	
publication year,	publication year,	

journal where the	
study is published	
and the copy of the	
study. Please attach	
a separate sheet if	
needed)	
Newspaper	
articles/ News	
(Please provide	
name of the	
newspaper, date of	
publication and the	
copy of the article /	
news)	
Author of a chapter/s or a	
book pertaining to	
Physiotherapy with title	
(please attach a copy)	
Any other Scientific	
/Research Work: (in	
details) (please attach a	
separate sheet if needed)	
Notable contribution in	
specialized field of work	
like Cancer, Women's	
TT 1.1 T 1 . 1 1 TT 1.1	
Health, Industrial Health,	
Geriatrics, Community	
Geriatrics, Community	
Geriatrics, Community based rehabilitation,	
Geriatrics, Community based rehabilitation, Disaster Management, any	

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.:-	
etc.:-	
Exclusive	
Exclusive Services In	
Exclusive Services In rural / Urban	
Exclusive Services In rural / Urban areas /	
Exclusive Services In rural / Urban areas / disaster	
Exclusive Services In rural / Urban areas / disaster Management	
Exclusive Services In rural / Urban areas / disaster Management / Community	
Exclusive Services In rural / Urban areas / disaster Management	
Exclusive Services In rural / Urban areas / disaster Management / Community health	
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22. My Contribution:-

(A) For Profession:	
(A) For Profession:-	1
	2
	3
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	7
(B) For IAP	1
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	3 4 5

(C) For Society &	1	
Community		
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	7	
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I, the under signed hereb knowledge and belief.	by declare that all particulars given	above are true to the best of my
Date:-		
Place: -		Signature
Application forwarded	by:	
Post (IAP CEC/State /IAPWC)		
:Remarks :		
Signature.		
IAP Membership No.		