1. Full Name:
2. Present Designation:
3. Email Address:
4. Date of Birth:
5. Telephone Numbers: (please tick the most preferred phone for communication). Should include area code (in parentheses)

|  |  |  |
| --- | --- | --- |
| Residence | Office | Mobile |
|  |  |  |

1. Postal Address for communication:
2. Qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Month, Year of passing | Institution | University |
| MBBS |  |  |  |
| DPMR |  |  |  |
| MD (PMR) |  |  |  |
| DNB (PMR) |  |  |  |
| PhD (PMR) |  |  |  |
|  |  |  |  |

1. Membership details with IAPMR:

|  |  |
| --- | --- |
| Type of Membership | Life Member/Associate Member |
| Membership Number |  |
| Life membership since (date/year) |  |
| Any state chapter membership details: |  |
|  |  |

1. Work Experience (in PMR only after PG qualification in PMR):

|  |  |  |  |
| --- | --- | --- | --- |
| Designation | Department | Institution | Duration |
|  |  |  |  |
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1. Details of the **IAPMR** Conferences/CMEs attended in the **last 5 years** only

|  |  |  |
| --- | --- | --- |
| Name of the conference/CME | Dates attended | No. of Presentations during the conference, if any |
|  |  |  |
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1. Papers presented during conferences:
[Format: Names of the authors (bold the name of the presenting author). Title of the paper. Name of the conference, place held, dates.
2. Papers published (give complete reference):
3. Chapters published in the books (give complete reference):
4. What do you wish to accomplish with the fellowship (give your plan and objectives):
5. Which institutions would you like to visit and when. Please give the names of two or more institutions along with the approximate dates of their visit (if selected).

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Name of the Institution** | **Approximate dates of visit** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

I certify that the statements made above are true to the best of my knowledge. I understand that if any of the above is found not to be true, my candidature for the fellowship shall be cancelled. I shall submit the copies of the certificates or proofs, if demanded by IAPMR.

I hereby give an undertaking that

1. I shall be complete the fellowship travel before December 31 of the year for which the fellowship is awarded.
2. I shall be completing the fellowship as per the plan given.
3. I shall seek permission from the head of the department of the the center proposed to be visited prior to embarking on fellowship.
4. I shall submit the report of the fellowship within one month of completion of the fellowship, which shall be prior to the first week of January subsequent to the fellowship.
5. I shall submit the expenditure statement, complete with vouchers/bills for reimbursement of the expenses, subject to the maximum limit as approved by the IAPMR for this fellowship.

Signatures of the candidate

Dated:

**Enclosures**: (please do not attach any). These shall be asked for if needed.
**Send this application to**: The Secretary, IAPMR by (a) email attachment and (b) hard copy by post.
**Last Date** for submission for applications is: **December 15, each year** for the fellowship to be awarded in the subsequent year.

(Please do not send with application, this is to be sent along with the report)

Certificate to be obtained from the Head of the Department of PMR of the institution visited during fellowship:

Name of the candidate:

Dates of the visit:

Activities attended:

1. Visit of the department: yes/no
2. Participation in ward rounds: yes/no
3. Participation in special clinics: yes/no
4. Participation in teaching program: yes/no
5. Any presentation made: yes/no
6. Interaction with other faculty: yes/no
7. Interaction with other PG students: yes/no
8. Any other activities:

Signatures of the candidate

Signatures of the head of the department (of center visited)

 Date

Named rubber stamp