



## ASSOCIATION OF PEDIATRICS

### Indian Academy of Pediatrics - Tamil Nadu State Chapter

இந்திய குழந்தை மருத்துவக் குழுமம் - தமிழ்நாடு மாநிலப் பிரிவு



### SENIOR PEDIATRICIAN AWARD

Indian Academy of Pediatrics – Tamil Nadu State Chapter confers the Senior Pediatrician Award to its members who have made outstanding contributions in Child Health, Pediatric Education, Research, Medical Publication and Community Pediatrics, beyond their routine duty or holding some position in the organization. Members aged 60 years or above as on 30<sup>th</sup> June of the applying year, are eligible to apply. **SIX** awards will be given in TWO categories.

- A. Senior Pediatrician Award - Academics (**THREE**) - will be given to those who have worked in academic institutions [Medical college / DNB Institutions]
- B. Senior Pediatrician Award - Co-academics (**THREE**) - will be given to those who have worked in small healthcare institutes or institutes which are not involved in postgraduate training.

The nominee for the Senior Pediatrician Award should have been a Life member of the Indian Academy of Pediatrics for 15 years before submission of his/her nomination to the IAP- TNSC. The enrolment year of the membership of the nominee shall be taken as full year of membership for the purpose of computing 15 years of membership.

The applicant shall submit their nomination in the prescribed form filled properly. A duly signed consent of the nominee stating that he /she is willing to be nominated for the Senior Pediatrician award for academician / co-academician should accompany the nomination form.

The application shall be proposed by the Fellows or Life Members of IAP-TNSC and seconded by the President/ Secretary of the district IAP branch to which the nominee belongs to. The proposer should have been a life member of the Indian Academy of Pediatrics for 10 years before proposing the name of any member for the Senior Pediatrician Award. Any member is entitled to nominate only one nominee in a year.

- ◆ Essential criteria - Age 60 years and above and Life Member of IAP at least 15 years
- ◆ Credit will be given to the following
  1. Seniority
  2. Contribution to Pediatrics in general and IAP in particular
  3. Academic work
  4. Contribution in research
  5. Papers published
  6. Participation in Pediatric and other allied conferences.
  7. Promotion of Child Welfare

- ◆ Decision regarding the awardee will be made by the Core committee of IAP TNSC and is final. If the committee feels uniformly against giving the award to anyone of the nominees in view of not qualifying for the award, the award will not be given for the year.
- ◆ The Awardee will be presented with a plaque and certificate. Awardees will **NOT** have the opportunity to deliver an acceptance speech when receiving the award due to time constraints.
- ◆ Any pending dues of applicant's branch should have been cleared, else the nomination will not be considered
- ◆ Submissions without the duly filled nomination form or sent later than cut - off date will be rejected.



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### SENIOR PEDIATRICIAN AWARD

### NOMINATION FORM

Name of the Nominee .....

National IAP Membership No.: .....

Nominee's Address: .....

.....

Mobile number .....

Email .....



Affix passport size  
self-attested  
photograph

**Essential criteria** Age 60 years and above

Life Member of IAP for at least 15 years

#### Declaration by the Nominee

I hereby declare that I consent to this nomination for Senior Pediatrician Award of Indian Academy of Pediatrics–Tamilnadu State Chapter. I also declare that the supportive information given for this application is true to the best of my knowledge

Nominee's Signature with date: .....

Name of proposer & Membership No: .....

Proposer's Address: .....

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Proposer's Signature with date: .....

Name of Branch President/ Secretary with IAP No: .....

Branch President/ Secretary Contact No: .....

Branch President/ Secretary Signature with date: .....

## Supporting Details for the Awards

Name of the Nominee .....

National IAP Membership No.: .....

Nominee's Address: .....

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Mobile number .....

Email .....

Duration of IAP Membership .....

1. Academic Qualifications
2. Role in National IAP
  - a. Office Bearer
  - b. Executive Board Member
  - c. Convener of IAP Committee/Task force Program
  - d. Member of IAP Committee/Task force Program
  - e. Trainers in National IAP Programme
3. Role in IAP TNSC
  - a. Office Bearer
  - b. Executive Board Member
  - c. Convener of IAP TNSC Committee/ Programme
  - d. Member of IAP TNSC Committee/ Programme
4. Role in IAP Subspecialty Chapters
  - a. Office Bearer
  - b. Executive Board Member
  - c. Convener/ Member of Academic Committees
5. Role in District IAP
  - a. Office Bearer
  - b. Executive Board Member
6. Role in International Pediatric Societies
  - a. Office Bearer
  - b. Executive Board Member

7. Contribution to National Conference
  - a. Chairperson
  - b. Secretary
  - c. Treasurer
  - d. Joint Organizing Secretary
  - e. Any other Position
8. Contribution to State Conference
  - a. Chairperson
  - b. Secretary
  - c. Treasurer
  - d. Joint Organizing Secretary
  - e. Any other Position
9. Contribution to Regional conference, CME programs, Symposia, Seminars, Workshops
  - a. Please specify designation with the exact responsibilities
10. Faculty in IAP Conferences
  - a. National
  - b. State
  - c. Regional
11. Awards of IAP Tamilnadu State Chapter
  - a. Active Pediatrician
12. Awards of Professional Recognition (Specify the name (s) of the Awards with year)
  - a. International
  - b. National
  - c. State
  - d. District
13. Details of Publications:
  - a. Books published with their titles (Publishers and year of publication) - please specify whether single or multiple editors/authors.
  - b. Chapter Contribution to Books.
  - c. Publications in Medical Journals (attach a list of complete references of publication– please do not include articles submitted for publication).

- d. Publications in other Print media (Child health related articles in newspaper, magazines, school books etc. Details or title. Magazine and date/year of publication, etc. to be provided).
14. Representation in International/National Organization/ Committees/ Bodies/ Institutions.
- a. International Organization - e.g. UNICEF, WHO, etc.
  - b. Membership of Expert Committees - National/ State (e.g. Task Force of ICMR, Ministry of Health and Family Welfare, National Medical Council, etc. – Please specify the title of the post held, name of the Committee and years of serving).
  - c. Visiting professorship and other assignments beyond the purview of routine duties. (Please specify the University/ Assignment and years)
15. Contribution made towards Child Welfare activities (National/ State/ District)
- a. IAP Celebration Days
  - b. Breastfeeding Promotion
  - c. Immunization including PPI
  - d. Promotion of Rational Newborn care
  - e. Blood donation
  - f. Care of Homeless & Specially Abled Children
  - g. IAP membership drive
  - h. Medical camps
  - i. Public Health Education
16. Any other outstanding contributions, which are not highlighted above.

### **Documents**

- 1. ID proof
- 2. Proof for all activities