#### **ASSOCIATION OF PEDIATRICS**



# Indian Academy of Pediatrics - Tamil Nadu State Chapter இந்திய குழந்தை மருத்துவக் குழுமம் - தமிழ்நாடு மாநிலப் பிரிவு



#### DR. JAYARAJ AYYA NADAR ORATION

IAP TNSC confers the award of Dr. Jayaraj Ayya Nadar Oration at the Annual State Pedicon of IAP TNSC held every year. Applications from Life/ Fellow Members of IAP TNSC who have excelled in the field of Child Health, Pediatric Education, Research, Community Pediatrics and Subspecialties are invited for the oration award.

The applicant should have been a life member of the Indian Academy of Pediatrics for 10 years before submission of his/her nomination to IAP TNSC. The enrolment year of the membership of the nominee shall be taken as full year of membership for the purpose of computing 10 years of membership. The application shall be proposed by the Fellow 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 Award. Any member is entitled to nominate only one nominee in a year.

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 Oration should accompany the nomination form.

The President will brief about the oration and the Honorary Secretary of IAP TNSC will introduce the orator. The Orator will be awarded a plaque and certificate. The Oration will be a plenary session, shall be of 40 minutes duration and the topic shall be in any field in pediatrics including subspecialties. There will not be any discussion on the topic.

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.
- Submissions without the duly filled form and sent later than the cut off date will be rejected.

# Chapter .. Berger .. Berge

### **ASSOCIATION OF PEDIATRICS**





# DR. JAYARAJ AYYA NADAR ORATION AWARD

## **NOMINATION FORM**

Name of the Nominee				
National IAP Membership No.:	A.C.			
Nominee's Address:		x passport size self-attested photograph		
Mobile number				
Email				
Declaration by the Nominee	ent to this nomination for Dr. Jayaraj Ayya Nad	lar Oration of Indian		
Academy of Pediatrics-Tamilnadu State Chapter. I have read the rules for award and will accept the decision of the Core Committee for award of this nomination. I shall not ask for disclosure of marks of any nominee and / or nominations of other nominees for the oration. 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 N	0:	······································		
Proposer's Address:				
Proposer's Signature with date:		······································		
Name of Branch President/ Secreta	ry with IAP No:			
Branch President/ Secretary Contact	et No:			
Branch President/ Secretary Signat				

## **Supporting Details for the Awards** Name of the Nominee National IAP Membership No.: ..... Nominee's Address: ..... ••••••••••••••••••••••••• Mobile number ..... **Email Duration of IAP Membership** 1. **Academic Qualifications** Role in National IAP 2. Office Bearer a. **Executive Board Member** b. Convener of IAP Committee/Task force Program Member of IAP Committee/Task force Program d. Trainers in National IAP Programme e. 3. Role in IAP TNSC Office Bearer a. **Executive Board Member** b. Convener of IAP TNSC Committee/ Programme d. Member of IAP TNSC Committee/ Programme 4. Role in IAP Subspecialty Chapters Office Bearer a. **Executive Board Member** b. Convener/ Member of Academic Committees C. Role in District IAP 5. Office Bearer a. **Executive Board Member** b. Role in International Pediatric Societies 6. Office Bearer a. **Executive Board Member** b.

	b.	Secretary	
	C.	Treasurer	
	d.	Joint Organizing Secretary	
	e.	Any other Position	
8.	Conti	ontribution 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.	Facu	Faculty in IAP Conferences	
	a.	National	
	b.	State	
	C.	Regional	
11.	Awar	Awards of IAP Tamilnadu State Chapter	
	a.	Senior Pediatrician	
	b.	Active Pediatrician	
12.	Awar	ards of Professional Recognition (Specify the name (s) of the Awards with year)	
	a.	International	
	b.	National	
	C.	State	
	d.	District	
13.	Detai	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.	

7.

a.

**Contribution to National Conference** 

Chairperson

- 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