



Pediatric Infectious Diseases Fellowship

Under the aegis of Indian Academy of Pediatrics
An Initiation Of IAP ID Chapter

Application Form For Institutes to Affiliate As Teaching Cent

Academic year 2015-17



1. Name of the Institute: _____

2. Address _____

3. Contact Person for PID fellowship program and contact details : _____

4. Type of Institute : Govt. hospital/Pvt. Pediatric Hospital/Pvt. Multispeciality hospital/Medical college

5. Year of establishment _____ Institute Registration No : _____

6. NABH accreditation : Yes/No

7. Faculty details:

S.No.	Name	Qualification	Experience	Central IAP No.
1				
2				
3				

8. Laboratory :

S.No.	Laboratory	Number of tests/month
1	Clinical laboratory	
2	Microbiology laboratory	
3	Immunology laboratory	
4	Histopathology laboratory	

9. NABL Accreditation of laboratory : Yes / No

10. Patient care facilities :

S.No.	SN Patient care	Number
1	Ambulatory patient clinics/week	
2	Ambulatory patient visits/month	
3	Number of Inpatient/month	
4	Number of Inpatient pediatric beds	
5	Number of Inpatient pediatric ICU beds	
6	Number of Inpatient NICU beds	

11. Availability of facility for isolation of patients with infectious diseases : Yes/No
12. Availability of Infection Control Program : Yes/No
13. Is the institute running any other teaching program like fellowship/DNB/DCh : Yes/No
14. If answer of Q-13 is yes, please supply the details :

S.No.	Name of teaching program	Affiliation to	Year of Starting	Number of Seats

15. Research programs if available and other relevant programs

16. Payment Details : DD Number Date : Name of Bank

DECLARATION

On behalf of the institute I express our consent to start the PID fellowship course at our institute in line with the rules and regulations set by the Indian Academy Of Pediatrics and it's Infectious Diseases Chapter. The details furnished are correct and I agree to permit the inspection of our facility to the fellowship governing body.

Institute head / Dean / Fellowship program coordinator

Date :

SEAL

Instructions :

1. For additional details of faculty please attach a separate sheet
2. Application fee is Rs. 2500/- (non-refundable)
3. The application fee should be paid by Demand - draft in favor of "**IAP Infectious diseases chapter**" payable at Kolkata
4. Only those applications which are submitted with the application fees will be eligible
5. The application is to be addressed and send to Chairman, IAP Infectious Diseases Fellowship Governing Council
6. Shortlisted Institutes will be physically inspected by inspection team. Travel & lodging arrangement of the inspection team will be made by applicant institute.
7. **Last date to submit application: 31/05/2015**

Address for Correspondence

Dr. Digant D. Shastri

Chairman, IAP Infectious Diseases Fellowship Governing Council

Killol Children Hospital, 303, 304, Takshshila Apartments, Majura Gate, Surat-395002.

Email : drdigant@hotmail.com Mob. : 09879538800