

Nomination for the East Zonal awards for the year 2019

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| 1. Pioneer Award, Purbanchal | - No. of Awards - 02 |
| 2. Shishu Vishesagna Shiromoni Award | - No. of Awards - 02 |

I Criteria for Selection of Awards

✓ Criteria for IAP Pioneer Award, Purbanchal :

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|-----------|-----|---|
| Mandatory | (1) | Age not exceeding 55 years (Except the Organising Secretary of EZ Pedicon who is an automatic choice). |
| Mandatory | (2) | IAP Membership No. (Central IAP) |
| Mandatory | (3) | Must be a member for at least 10 years of a State Branch of IAP East Zone |
| Mandatory | (4) | Must have attended (Excluding own state) at least 3 East Zone |
| Pedicon | | |
| Mandatory | (5) | Application must be forwarded by State Branch of IAP |
| | (6) | Any of the following criteria is mandatory |
| | | (a) Have involvement in IAP activities of the State (President, Vice President, Secretary, Treasurer, Jt. Secretary, Organising Secretary of State PEDICON, Editor at least for one term or Executive Board Member at least for 2 terms; |
| | | (b) Have involvement in IAP East Zone activities (Office Bearer for at least one term and/or Executive or Scientific Committee (any one) member of IAP East Zone Coordination Committee at least for 2 terms) and/or Central Executive for 2 terms. |
| | | (c) 10 published papers in medical journals. |

✓ Criteria for Shishu Vishesagna Shiromoni Award, Purbanchal :

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|-----------|-----|---|
| Mandatory | (1) | Age above 58 years and the gap from the Pioneer Award must be minimum of 3 years. |
| Mandatory | (2) | Central IAP Membership for at least 15 years (IAP Membership No.) |
| Mandatory | (3) | Must be a member of IAP State Branch for 15 years |
| Mandatory | (4) | Must have attended one IAP East Zone Conference out side the own State. |
| | (5) | Any of the following criteria is mandatory |
| | (a) | Teaching Experience of 20 years |
| | (b) | Outstanding contribution in IAP, State or IAP, East Zone namely, ornamented the post of President IAP East Zone/President IAP of his/her State, active involvement in IAP activities for 15 years |
| | (c) | Published 20 papers in Medical Journals of National International, State level |
| | (d) | Did outstanding research activities |

Other Rules

- (1) If the person applied directly to the Secretary IAP East Zone, who will sent back the application to the Secretary of respective State Chapter and ask for his kind opinion, so that the grievance of State member comes in the eyes of the IAP State Secretary. But it is not mandatory for the State Secretary to consider his name. State IAP secretary should discuss the matter in his Executive Board and should send a comment to IAP East Zone Secretary.
- (2) The Number of Awards per State will be restricted according to following :
 - Purbanchal Shishu Visheshagna Shiromoni Award**
 - One – if the membership strength is up to 500
 - Two – if the membership strength crosses 500 marks
 - IAP Purbanchal Pioneer Award**
 - One – if the membership strength is up to 500
 - Two – if the membership strength crosses 500 marks
- (3) The decision of East Zone Award Committee is Final. They are the main selective authority. They have the right to cancel any application even recommended by State Branch. In that case the committee is bound to give the reasons why they are not selecting the candidate.

- (a) The Secretary of IAP East Zone will circulate the form and notice of Awards to the Secretary of respective State by March 31st of each year.
- (b) The Secretary of the State should circulate the form in their Newsletter, Bulletin or Journal or should send form to individual member. Application must be processed through the State Branch.
The Secretary of State IAP should inform that the filled up form must come back by 31 May and he should call an executive board meeting and finalise the names and finally inform the IAP East Zone Secretary latest by June 30 of that year.
- (c) The Secretary of IAP East Zone will send the Xerox copies of the filled up forms to the members of Award Committee.
- (d) The President of IAP East Zone will be the Chairperson of the Award Committee.
The other members of Award Committee will comprise of :
 - (i) President Elect
 - (ii) Imm. Past Presidents
 - (iii) 2 Vice Presidents
 - (iv) Editor in Chief of PEDI-INFO
 This 6-member committee can coopt maximum 2 experienced members who can not give vote for Award but can give advice about irregularities to the Chairman of Award Committee.
- (e) The Award Committee members will work in email correspondence between each other or over phone.
- (f) Ultimately the nomination will be finalized by August 31.
- (g) The Candidate (Awardee) must get a letter of selection from the Secretary General, of IAP East Zone with a request to attend East Zone PEDICON, it will be the duty of Secretary General, IAP East Zone to inform the Awardees the detail of the East Zone PEDICON in which the Awardees will get the Awards. If any Awardee cannot attend the Conference for health reason only, he can send an authorized person (With an authorization letter) to accept the award. But it is expected that the awardee will accept the award by his personal presence.
- (h) The Secretary of IAP East Zone Coordination Committee should also inform the Organising Secretary of the Conference the names and addresses of Awardees.

The candidate may apply for these awards in proper format with relevant documents to the Secretary, IAP Odisha State Branch on or before **12.07.2019**

-:Address for communication:-

**The Secretary, IAP Odisha State Branch
3rd Floor, IMA House, Behind Capital Hospital, Unit – 6
Bhubaneswar – 751001, Odisha
Mobile – 9237014514, E-mail- iapodisha@gmail.com**

**PIONEER AWARDS OF EAST ZONE IAP
(ONLY FOR EAST ZONE IAP MEMBERS)**

IAP State Branch : _____

PROFORMA (Please use extra sheets if required)

- | | | | |
|----|---------------------|---|-----------------|
| 1. | Name of the Nominee | : | |
| 2. | Address | : | |
| 3. | Date of Birth | : | |
| 4. | Qualifications | : | Year University |

Others

5. Central IAP Membership No. :
6. State IAP Membership No. :
7. Member of State Branch Since when ?
8. Teaching and / professional Experience till date :

Sl. No.	Designation	Hospital / Clinic	Period

- ## 9. Editorial Services Provided to Medical Journals :

- 10. Details of Publications : (use separate sheet)**

- 11. Awards for Professional Recognition.** If you have already received the Pioneer Award, please state the year of receipt.

12. Representation in NON-IAP Institutions :
13. Your role in Central IAP activities :
14. Your role in IAP East Zone activities / conference :
15. Which IAP East Zone Conferences did you attend :
16. Give a 200-word note on your contributions to Child Welfare and why your nomination should be accepted. If applying for Pioneer Award, Please highlight the pioneering work (use separate sheet)

Name of the Proposer

Name of Seconder

Signature

Signature

IAP Membership No.
(Central)

IAP Membership No.
(Central)

Address

Address

Date :

Date :

Place :

Place :

CONSENT OF THE NOMINEE

" I am willing to be nominated for the award of Shishu Visheshagya Shiromoni (Purbanchal) / Pioneer Award of East Zone of IAP" :

Signature of Nominee :

Name of Nominee :

Address of Nominee :

FORWARDED BY STATE SECRETARY,
AFTER APPROVAL OF
GENERAL BODY / EXECUTIVE BODY

Signature

Name

Date :

Membership strength of the State Branch