



SANGAMAM PEDICON 2023
37th South Zone Pedicon &
47th State Pedicon of IAP -TNSC
ANNOUNCEMENT FOR DR. T. RAJAGOPAL AWARD



Dear Members,

The 37th South Zone Pedicon and the 47th Annual Conference of IAP TNSC is being held at Kanyakumari from 24th to 27th August 2023. On behalf of the IAP Tamil Nadu State Chapter and South Zone Team, we warmly welcome the pediatric fraternity to the conference. As part of the conference, members from Tamilnadu and Pondicherry can send scientific papers for **Dr. T. Rajagopal award for Free papers in 'General Paediatrics'**.

All entries should meet the following criteria: the material is original, study methods are ethical and appropriate, data are sound, conclusions are reasonable and supported by the data, and the information is important; the topic has general pediatric interest; and the manuscript is written in good English. The submission should report research relevant to clinical pediatrics including randomized clinical trials, other intervention studies, studies of screening and diagnostic tests, analytical cohort and case-control studies, systematic reviews, cost-effectiveness analyses and descriptive studies.

Each manuscript should be accompanied with an 8-point structured abstract in not more than 250 words. The 8 subheadings of the structured abstract should be: background, objective, study design, participants, intervention, outcomes, results, and conclusion.

- The papers should be accompanied by the duly filled submission form. False details furnished will entail rejection of the paper.
- Only online submission of papers will be accepted.
- Registration for the conference is a must for submission of the paper
- Only IAP members – Fellow/ Life / Associate members are eligible to present. Both the author and co-authors should be IAP members.
- The work for the paper should have been done in Tamil Nadu and Pondicherry only. The first author cum presenter should have been a part of the team that had done the work.
- Presenter should be the first author and there is no age limit for the presenters.
- **A maximum of three co- authors is allowed for the submitted paper.**
- The paper should not have been presented at any other conference, published or sent for publication until the time of the presentation. The Core committee of IAP TNSC will appoint three judges to adjudge the submitted papers independently. The top TEN papers will be eligible for oral presentation at the conference. Shortlisted authors will be informed well in advance for presentation in the conference.
- Assessment for write-ups will not be considered for awarding gold medal and certificate, except to

decide the best ten papers for oral presentation from the papers submitted under this category.

- Oral presentation will be for six minutes. Two minutes will be allowed for discussion. Queries can be from floor also and answer can be by the presenter and/or Co-authors.
- Three independent judges for oral presentation, appointed by the Core committee of IAP will assess the selected papers during the oral presentation. Award may not be given if the qualities of the papers are inadequate.
- The winner of the award will be given a medal and merit certificate. Co-authors will be given certificate only. Other presenters (who are selected for oral presentation of the paper) will be given the participation certificates.
- **The participants, who have not been selected for the Oral presentation (authors and co authors) will receive e-certificates only.**

The abstract of the paper in word document (doc, docx format) **should be SUBMITTED only in IAP TNSC website (<https://www.iaptnsc.org/>), on or before 5 pm, 31.07.2023.**

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

For queries, please contact

Dr. Tiroumourougane Serane. V

Hon. Secretary, IAP TNSC

Phone: 9942441999



IAP TAMILNADU STATE CHAPTER
SCIENTIFIC PAPERS FOR Dr. T. Rajagopalan Award
SUBMISSION FORM

- A. Name:
- B. Institute/hospital:
- C. Mobile no.:
- D. Email id:

Title of the Paper:

No	Role	Name* (as it is required in the certificate)	IAP Membership No
1	Author		
2	Co-author		
3	Co-author		
4	Co-author		

(If IAP membership number not obtained submit photocopy of membership fee receipt)

- E. Name of HOD/Unit chief:
- F. Signature of HOD/Unit chief:
- G. Conference registration number:

Declaration: I hereby declare that the above particulars are true to the best of my knowledge.

Signature of the Presenter

Note: Papers without this form duly filled or sent later than 31.07.2023 will be summarily rejected