



INDIAN ACADEMY OF PEDIATRICS - TAMILNADU STATE CHAPTER

DR. V. BALAGOPAL RAJU ACTIVE PEDIATRICIAN AWARD

1. Active Pediatrician will be decided for the year among the members of IAP TNSC after receiving nominations. The decision regarding the awardees will be decided by the steering committee of IAP.
2. The member must have been a Fellow/Life/Ordinary/member of the society for five completed years. Ordinary member should have paid the yearly subscription.
3. Credit will be given to the seniority, his / her contribution to pediatrics and IAP academic work (breastfeeding, IMS Act Monitoring, Immunization, PPI, World Breastfeeding week, IAP Health care week, ORS day & week, Adolescent day & week, Blood donation, Parent Education Program, Public Health Education, IAP membership drive, BFHI, HIV, Nutrition, care of street children Disabled Children, Medical camps, Newborn care, etc.) and research papers/lectures/participation in Pediatrics and related conferences).
4. Active Pediatrician will be chosen among nominations only (and not by individual's application) and the committee will not decide on its own. The nomination should be proposed and seconded by IAP members and nominee should give the consent.
5. If the committee feels uniformly against giving the award to any of the nominees, the award will not be given.
6. Members who have already received the award will not be eligible for the nomination. Nomination form should be sent to the Secretary, IAP – TNSC through the respective local District Branch.
7. The local District Branch, which is forwarding should have paid the annual contribution; otherwise, the nomination will be rejected.
8. The duly filled form along with the signed consent of the nominee (scanned copy of the format) stating that he /she is willing to be nominated for the Active Pediatrician Award should be sent to iaptnscoffice@gmail.com on or before 24.07.2023
9. Nominations are called for the above award from members of the IAP-TNSC. You can nominate a pediatrician for this award by proposing his/her name. It should be seconded by another IAP-TNSC member. The person nominated should be a member of IAP-TNSC and should give the acceptance to be nominated.

Dr. Tiroumourougane Serane. V

Hon. Secretary, IAP TNSC,

Email: iaptnscoffice@gmail.com

Mobile No: 99424 41999



INDIAN ACADEMY OF PEDIATRICS - TAMILNADU STATE CHAPTER
DR. V. BALAGOPAL RAJU ACTIVE PEDIATRICIAN AWARD
NOMINATION FORM

Name of the Nominee

CIAP Membership No.:

Nominee's Address:

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Mobile number

Email



Declaration by the Nominee

I hereby declare that I consent to this nomination Dr. V. Balagopal Raju Active 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:

Declaration by the Branch Secretary

I hereby declare that we nominate the above nominee for Dr. V. Balagopal Raju Active Pediatrician award of Indian Academy of Pediatrics–Tamilnadu State Chapter from our district. We declare that our branch has paid the yearly subscription to IAP TNSC and that the supportive information given for this application is true to the best of our knowledge

Name of Secretary with IAP No:

Branch Secretary Address:

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Branch Secretary Signature with date:

Supporting Details for the Awards

Please furnish the details requested below in a separate document

1. Duration of IAP Membership
2. Awards of Professional Recognition (Specify the names(s) of the Awards with year)
3. Role in IAP/International Pediatric Societies with year(s) of Serving
 - a) Office-Bearer of Central IAP
 - b) Member of the Executive Board of Central IAP
 - c) Office-Bearer of State Chapter IAP
 - d) Convener/member of IAP Committee/Task force Program
 - e) Office-Bearer in District Branch IAP
 - f) Contribution to National/Zonal/State conference of IAP
 1. Chairperson
 2. Secretary
 3. Treasurer
 4. Joint Organizing Secretary
 5. Any other contribution (please specify)
 - g) Any other (organization of CME programs, Symposia, Seminars, Workshops/Chapters, etc. (please specify the designations with the exact responsibilities)
4. Faculty in IAP Conferences
 - i) National
 - ii) State
 - iii) Subspecialty
5. Contribution made towards Child Welfare activities in your place
 - i) Breastfeeding Promotion
 - ii) IMS Act Monitoring
 - iii) Immunization including PPI
 - iv) IAP Health care week
 - v) ORS day & week
 - vi) Adolescent day & week
 - vii) Blood donation
 - viii) Parent Education Program
 - ix) Public Health Education
 - x) IAP membership drive
 - xi) Care of Homeless & Disabled Children
 - xii) Medical camps
 - xiii) Promotion of Rational Newborn care
6. Any other outstanding contributions, which are not highlighted above.