



The Indian College of Allergy, Asthma and Applied Immunology

(Affiliated to WAO & APAAACI) [Website: www.icaai.net]

Application for Fellowship

I propose that be elected a Fellow of the Indian College of Allergy, Asthma and Applied Immunology. He/She is an accredited worker in the field of Allergy, Asthma & Applied Immunology or related subjects and

- (a) has published papers in major scientific journals (i.e. Journals published by National or International Societies in India or abroad)
- (b) has presented communications/demonstrations in a national and international conventions

Signature of the sponsoring Fellow

Name
(in capital letters)

Put up before the Council.....

Decision of the Council

.....

Put up before the General Body:

Decision of the General Body:

Signature of the Secretary

N.B.: Attention of sponsoring fellows is drawn to Rules according to which the fellowship of the College is only open to accredited workers in the subjects of allergy, asthma, applied immunology and related disciplines and will be by invitation. An accredited worker is defined as one who has been engaged in work pertaining to above subjects for a minimum period of 5 years, and who has either major publications on the subjects in established journals run by Societies (national or international) or who has presented accepted communications or demonstrations on the basis of his own work in the conventions of the College.

Application should be sent to: Dr. A.B. Singh, Secretary, ICAAI, A-4, Shanti Apartments, Sector-13, Rohini, Delhi-110 085, India along with a Demand Draft of **Rs.15,000/- (Rs. Fifteen Thousand only)** towards admission fee in favour of **"INDIAN COLLEGE OF ALLERGY & APPLIED IMMUNOLOGY"** payable at Delhi or transfer directly in **College's SBI A/c No.10851399283 (State Bank of India, Delhi University Branch, IFSC: SBIN0001067)**

BIO-DATA

Name in full
(Shri/Smt./Kumar/Dr.) (in capital letters)

Date of Birth **Marital status**

Place of Birth

Educational Qualifications (Degree onwards)

<i>Degree</i>	<i>Year</i>	<i>Awarding Body</i>
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Professional Experience:

- (1) Teaching –
- (2) Clinical –
- (3) Research –
- (4) Present Position –

Main Research Interest:

Publications (Attach separate list, if necessary necessary). Please attach 3 copies of each of your important publications in the field of allergy and applied immunology. (a) Allergy & Applied Immunology
(b) Other disciplines

Membership of other academic: bodies with year of election

Communications & demonstrations: before learned societies

Awards, if any:

I agree that, if elected, I shall abide by the rules and bye-laws of the College and further its objectives.

Place

Date

Signature of Applicant

Name
(in capital letters)

Address.....

E-mail ID:

Phone/Mobile No