

# INDIAN ACADEMY OF PEDIATRICS-INDIAN COLLEGE OF PEDIATRICS

November 12, 2025

Dear Fellow Academician,

Through this circular letter, we invite Nominations and Biodatas from interested candidates for the post of IAP-ICP Dean. The Life members of the Indian Academy of Pediatrics are eligible to apply for above post. The appointment of candidate will be made by the Executive Board.

The Tenure Dean of IAP-ICP - Two years (1<sup>st</sup> January 2026 to 31<sup>st</sup> December 2027)

## **Eligibility criteria for Dean of IAP-ICP**

1. He/She must be a member of the Society for at least 10 completed years.
2. He/She should have at least 10 years of academic experience in Postgraduate teaching.
3. He/She should have experience in research and publication activities.
4. He/She should be self-motivated, have good leadership qualities, and have effective communicative skills.

Nomination form is attached with this circular which needs to be filled-up the and send along with the **biodata** to the postal address -Central IAP office, Navi Mumbai (Kamdhenu Business Bay, 5th Floor, Plot No.51, Sector 1, Near Juinagar Railway Station, Nerul, Navi Mumbai 400 706) or should be submitted via email to [centraloffice@iapindia.org](mailto:centraloffice@iapindia.org).

**The last date for submission of nomination is 30<sup>th</sup> November 2025**

With warm regards and best wishes.

Yours sincerely,

Dr Yogesh N Parikh.  
Secretary General, IAP 2024 & 2025



**INDIAN ACADEMY OF PEDIATRICS**  
Kamdhenu Business Bay, 5th Floor, Plot No.51, Sector 1, Near Juinagar Railway Station,  
Nerul, Navi Mumbai 400 706

**NOMINATION FORM**

(PLEASE FILL-UP THE FORM IN BLOCK LETTERS)

**Candidate is Nominated for.....**

Self-attested

Photo

**Name of the Candidate (in full) .....**  
(As registered with IAP)

Candidate's Address(As registered with IAP).....

.....State.....

IAP Membership No. of the Candidate .....

Month & Year of IAP Membership allotted.....

Mobile ..... Email.....

**Name of the Proposer.....**  
(As registered with IAP)

Proposer's Address (As registered with IAP) - .....

Self-attested Photo

Membership No. of the Proposer.....

Mobile ..... Email : .....

Proposer's Signature & Date .....

**Name of the Seconder.....**

(As registered with IAP)

Seconder's Address. (As registered with IAP) - .....

IAP Membership No. of the Seconder .....

Mobile ..... Email.....

Self- attested  
Photo

Seconder's Signature & Date .....

**DECLARATION BY THE CANDIDATE**

*"I ..... hereby declare that I consent to this nomination and that the information given hereinabove is true and correct to the best of my knowledge and belief."*

Place:

Date:

.....

(Signature of the Candidate)