

INDIAN ACADEMY OF PEDIATRICS-INDIAN COLLEGE OF PEDIATRICS

November 12, 2025

Dear Fellow Academicians,

Through this circular letter, we invite Nominations and Biobdatas from interested candidates for the post of IAP-ICP Registrar. 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 Registrar of IAP-ICP - Two years (1st January 2026 to 31st December 2027)

Eligibility criteria: **Registrar – IAP-ICP**

1. He/She must be a life member of the Society from Delhi-NCR for at least 10 years.
2. He/She should have good experience in administrative and organizational skills.

Nomination form is attached with this circular which needs to be filled-up the and send along with **biobdata** 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.

The last date for submission of nomination is 30th 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)
Photo

Self-attested

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)
-------	-------	-------	-------	-------	------

IAP Membership No. of the Seconder Self-
attested

Mobile Email.....

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)