

5<sup>th</sup> January, 2026

Dear Fellow Academicians,

Greetings from Central IAP Office!

Through this circular letter we invite nomination for the post of Editor-in-Chief of Drug Formulary

**NOTICE**

**TO ALL LIFE, FELLOW MEMBERS OF IAP**

The term of office of the present Editor-in-Chief of the DRUG FORMULARY expired on 31<sup>st</sup> December 2025. Application and Biodata of not more than 400 words are invited from interested candidates. The Fellow, Life members of the Indian Academy of Pediatrics are eligible to apply for this post. The appointment will be made by the Executive Board at its forthcoming meeting for the term beginning from 1<sup>st</sup> January 2026 to 31<sup>st</sup> December 2027.

We would like to bring to your notice some additional points for submission of nomination & the IAP's constitutional provisions with regards to selection / election of the Editor-in-Chief of each journal.

1. Nomination form is attached. Kindly fill-up the same and submit it along with your biodata to [centraloffice@iapindia.org](mailto:centraloffice@iapindia.org)
2. The last date for online submission of nomination is 14<sup>th</sup> January, 2026.

With warm regards and best wishes.

Yours sincerely,

Dr Neelam Mohan  
National President,  
IAP 2026

Dr Ruchira Maheshwari  
Secretary General,  
IAP 2026 & 2027

## **As per constitutional clause no 32 from IAP Rule Book: IAP Drug Formulary**

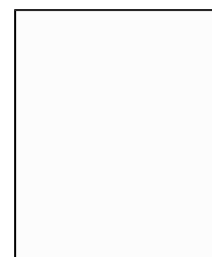
32.1 The Office of the 'IAP Drug Formulary' shall be situated at: 7th Floor, IMA House, JN International Stadium Road, Palarivattom PO, Kochi-682025.

However, in pressing or inevitable circumstances the Executive Board of the Society may decide on shifting elsewhere if it feels deemed necessary. Such a decision shall need to be ratified by the General Body.

32.2. Nominations for the post of Editor-in-Chief of the IAP Drug Formulary shall be invited from amongst Life members of Society from anywhere in India. This can be advertised in all three publications of the Society i.e., Indian Pediatrics, Indian Journal of Practical Pediatrics, and Academy Today at a scheduled time. The nominations shall then be scrutinized by a committee appointed by the Executive Board, and the Editor-in-Chief shall be appointed/elected by the Executive Board as necessary. The eligibility criteria for Editor-in-Chief are that he/she must have served the IAP Drug Formulary or any other reputed indexed journal for at least 6 years in combination or isolation as a member of the Editorial Board, Executive Editor, Associate Editor and / or Managing Editor.

The tenure of the Editor-in-chief of the IAP Drug Formulary shall be two years. The Editor-in-Chief of the IAP Drug Formulary can be re-elected.

# Editor-in-Chief of the IAP Drug Formulary



## INDIAN ACADEMY OF PEDIATRICS

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

### **ELECTION TO THE POST OF EDITOR-IN-CHIEF OF DRUG FORMULARY**

**For a period of 1<sup>st</sup> January, 2026 to 31<sup>st</sup> December, 2027**

### **NOMINATION FORM**

(PLEASE FILL-UP THE FORM IN BLOCK LETTERS)

Name of the Office for which the Candidate is Nominated .....

Self -attested Photo

**Name of the Candidate (in full)** .....

(As registered with IAP)

Candidate's Address .....

.....State .....

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

Telephones (STD Code ..... ) (Off) ..... (Resi) .....

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

Details of IAP journal as follows :

<i>Journal Name</i>	<i>Current status</i>	<i>Medline-indexing</i>	<i>Position</i>	<i>Duration (with dates)</i>

**Name of the Proposer** .....

(As registered with IAP)

Proposer's Address -.....

Membership No. of the Proposer.....

Telephones (STD Code ..... ) (Off) ..... (Resi) .....

Self-attested photo

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

Proposer’s Signature & Date .....

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

Seconder’s Address .....

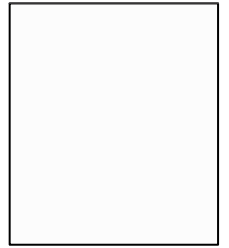
Membership No. of the Seconder .....

Telephones (STD Code ..... ) (Off) ..... (Resi) .....

Self-attested photo

Mobile .....Fax ..... 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”.***

**A demand draft number \_\_\_\_\_ of Rs. \_\_\_\_\_ from (bank and branch) \_\_\_\_\_ in favour of Indian Academy of Pediatrics, payable at Navi Mumbai is enclosed with this application.**

Place:

Date:

.....  
(Signature of the Candidate)