

Global Association of Physicians of Indian Origin (GAPIO)

Registered Office: Hospital Complex, Apollo Hospitals, Sarita Vihar,
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Application Form for grant of title of Honorary GAPIO Fellow

www.gapio.in

(The last date for submission of application is 20th December 2023)

Name of Applicant: _____

Qualifications: _____

Speciality: _____

Name of organization/ hospital currently working (if retired please mention retired):

Address of organization/ hospital:

Permanent Address:

City: _____ State: _____ PIN: _____

Phone: (Home) _____ Mobile Number: _____

Email: _____ Date of Birth://
DD MM YY

Tick the name of title applied for:

1. GAPIO Fellow
2. GAPIO Distinguished Fellow
3. GAPIO Emeritus Fellow

Years of Clinical / Professional/ Teaching experience:.....

Number of research papers published as first author in peer reviewed national or international print journal with an impact factor of more than 2:.....

(please attach the list of research papers separately)

Number of chapters published in Textbook:.....

(please attach the details separately)

Number of National Honors/ Awards (please mention the names):

Number of International Honors/ awards (please mention the names):.....

Representation in National/ International Organization / Committees/ Bodies/ Institutions (please mention the name or organization and designation):.....

Number of lectures given (non-sponsored):

Do you have any patent registered in your name: (if any).....

(Please mention the details)

Number of oration/s given (if any):

(Please mention the details)

Editorial positions held (if any):.....

- ***Nomination should be Recommended and Seconded on letter head separately by a reputed and renowned doctor with an impeccable record and good standing (mention name and contact details of the person). Please enclose recommendations with the application.***
- ***Application should be accompanied by a CV and a photograph.***

Declaration:

I hereby declare that above stated facts are true to the best of my knowledge and belief and nothing has been concealed therein. I further declare that I have adhered to the medical ethics and my medical registration is in force and not suspended at any time in the past. Further I have not been prosecuted for any medical negligence in the past and no court cases are pending against me at present.

Date/ /.....

DD MM YY

Signature of Applicant