

**THE NATIONAL COLLEGE OF CHEST PHYSICIANS (India)**

V.P. Chest Institute, University of Delhi, Delhi –110 007

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**Proforma for Nomination to Fellowship of the College**

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Name of the Candidate \_\_\_\_\_ Sex \_\_\_\_\_

Place and date of birth \_\_\_\_\_

Office/Clinic address: \_\_\_\_\_

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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1. Professional qualifications : Undergraduate and Postgraduate :

Degree

College

University

Qualifying Year

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2. (a) Distinctions won:

(b) Medals and prizes awarded:

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3. State whether presently employed in private  
practice/teaching/research/administration

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4. Membership / Fellowship of recognized Scientific Bodies / Colleges / Academics / Societies - giving year of  
award / nomination / election. Mention if President / Secretary of these organizations with duration

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5. Experience:

(a) Positions / Appointments held :

<u>Positions / Appointments</u>	<u>Institution</u>	<u>From</u>	<u>To</u>	<u>Duration</u>
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(b) Years of experience

Clinical :

Research :

Teaching –Undergraduates :

Post-graduates :

Administrative –

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6. Number of postgraduates trained. (Give their Thesis Topic and the names of the courses and year.)

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7. Administrative experience:

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8. Research publications:

- (a) Append a list of publications giving names of all the co-authors, year of publication and. page numbers etc. Please do not include in the list, papers read at the conference/symposia and newspaper reports.
- (b) Indicate from the above list, five papers considered to be the best and attach reprints:

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9. Visits abroad, stating the duration and purpose :

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10. Contribution of the candidate to the field of cardio-respiratory medicine / surgery, both in clinical as well as non-clinical aspects.

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11. Association with the editorial board of a recognised national or international medical journal - if yes, state in what capacity and how long.

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12. The candidate is requested to provide names, designation and addresses of two referees who may be conversant with his/her work :

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13. Any other relevant information in support of the candidate's claim for the fellowship of the College.

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14. Name and address of the proposer :

Signature :  
Date :

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Name and address of the seconder :

Signature :  
Date :

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15. Signature. of candidate: \_\_\_\_\_

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16. Remarks of credential committee:

17. Secretary N. C. C. P. (I) \_\_\_\_\_

President N. C. C. P. (I) \_\_\_\_\_

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Proposer or Seconder should be Fellow of the College.

1. Copies of relevant Certificate! A wards/Fellowships etc. should. be enclosed.
2. The completed proforma along with three passport size photographs should be submitted. To the Secretary, National College of Chest Physicians (India) V.P. Chest Institute, University of Delhi, P.O. Box No.2101, Delhi –110007
3. Person proposed should be the Life Member of N.C.C.P. (I)