



Pediatric Infectious Diseases Fellowship

Under the aegis of Indian Academy of Pediatrics
An Initiation Of IAP ID Chapter

Application Form For Institutes to Affiliate As Teaching Cent

Academic year 2015-17



- Name of the Institute: _____
- Address _____
- Contact Person for PID fellowship program and contact details : _____

- Type of Institute : Govt. hospital/Pvt. Pediatric Hospital/Pvt. Multispeciality hospital/Medical college
- Year of establishment _____ Institute Registration No : _____
- NABH accreditation : Yes/No

7. Faculty details:

S.No.	Name	Qualification	Experience	Central IAP No.
1				
2				
3				

8. Laboratory :

S.No.	Laboratory	Number of tests/month
1	Clinical laboratory	
2	Microbiology laboratory	
3	Immunology laboratory	
4	Histopathology laboratory	

- NABL Accreditation of laboratory : Yes / No

10. Patient care facilities :

S.No.	SN Patient care	Number
1	Ambulatory patient clinics/week	
2	Ambulatory patient visits/month	
3	Number of Inpatient/month	
4	Number of Inpatient pediatric beds	
5	Number of Inpatient pediatric ICU beds	
6	Number of Inpatient NICU beds	

