



The Association of Physicians of India

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Name of Lectureship : _____
Name of the candidate: _____
Membership No. : L- _____
Address : _____

Eligibility Criteria for the lectureship (please attach copies)

1. Number of years of Experience after Post Graduation.
 2. Number of Publications (in pub med and medicine)
 3. Number of Research Projects
 4. Presented papers in conferences
 5. Awards / Fellowship
- _____

PROPOSED BY

Name: _____

API Membership No. : _____

Signature: _____

SECONDED BY

Name: _____

API Membership No. : _____

Signature: _____

Certified that I have / have not been awarded any lectureship in API.

Category 3 : Visiting Lectureships (1) Dr. Yodh Memorial and Gwalior Conference Training Fellowship;
(2) Boehringer-Knoll Junior Lectureship in Diabetes; (3) Dr. Shurvir Singh Trust Visiting Professorship.

Signature