



Indian Academy of Pediatrics
Neonatal Resuscitation Programme - First Golden Minute Project
9th Regional TOT Workshop during PEDICON 2017, Bengaluru
Date: 16th -17th January 2017



Note: - Please read the instructions given below:

**Paste Your
Photograph**

Name: _____
(Surname) (Middle name) (First name)

Age: _____ **Sex:** _____

Designation: Dr. / Mr. / Ms. / Mrs.

Address with pin code:

Organizational/Institutional Affiliation: _____

CIAP / NNF Membership No: _____

Phone: (STD code) _____ **Mobile:** _____

Fax: (STD code) _____

Email id: _____

Educational Qualification (with Year of Passing): _____

Experience in handling SNCU/NICU: _____

No of Deliveries handled / attended per month: _____

Areas of Expertise or Specialization: - _____

Career Summary (relevant to new born care): _____

Summary of Basic NRP Provider Courses conducted till year 2016:

No of Courses: _____ **Places:** _____

Dates: _____

Have you attended any Advance NRP Provider Course? Yes / No

If Yes, Date: _____ **Place:** _____

Motivation: *(Indicate why you want to undertake this training course? Give details on your motivation (s)?)*

I undertake to carry forward the mission of NRP FGM and would be available for carrying out the training at regional and state level.

Signature _____

Last date for sending application form: 14/11/2016

Email: nrp.regionaltot@iapindia.org / nrpfgm@gmail.com

Any queries please contact:

NRP office: 9429896986 / 022- 27710857 / NPO -9821037266

Instructions for filling the form:-

- 1) All the application forms have to be filled in **Block Letters**
- 2) Fill the form with **Black Pen Only**
- 3) Passport Size photograph to be pasted
- 4) No applications will be entertained after last date mentioned in the form.
- 5) Kindly scan the filled in application form and send on E mail Id:-
nrp.regionaltot@iapindia.org with cc to nrpfgm@gmail.com
- 6) Only shortlisted candidates will be further contacted
- 7) Last date to forward the application form is **14/11/2016**