

NOMINATION FORM

(ICH Fellowship)(For ISHBT Annual Conference)

(To reach Prof. R.K.Jena,Secretary)

Office- ichoffice2019@gmail.com

(Please read the eligibility criteria (see below) before applying)

Name of the Nominee: _____ Date of Birth: _____

Address o the Nominee: _____

_____ PIN code _____

Contact No: Phone: _____ Mobile _____

E-mail: _____

Life Membership Number: _____

Proposer should nominate the nominee (not more than 500 words): (**A separate page can be attached**)

Enclose complete up-to-date CV of the nominee

Following headings **must be** included in the CV

1. Professional Qualifications/ Positions held

2. Contribution to ISHBT:

3. Research contribution

4. Publications. (Only indexed publications list can be enclosed)

Name of the Proposer: _____

Address: _____

Contact No: Phone® _____ Mobile _____

Membership No.:

Signature of the Proposer: _____ Date: _____

Name of the Seconder: _____

Address: _____

Contact No: Phone ® _____ Mobile _____

Membership no.:

Signature of the Seconder: _____ Date: _____

Signature of the applicant: _____

Followings are the criteria's for applying for the fellowship:-

- a. At least 10 (Ten) years as member / Life members of ISHBT. The person should be DM/DNB/MD/DNB – in Clinical Haematology, Haemato-pathology, Laboratory Haematology, Haemato-oncology, Pathology, Medicine, Paediatrics, Clinical Oncology or equivalent. Or Ph.D holder with interest in haematology.
- b. He / She should have contributed towards clinical practice of Haematology, Haemato-pathology, academic activities, research and services towards ISHBT. The applicant should apply in the **requisite form attached** / available from Secretary / Website of ICH/ISHBT.
- c. Two fellows/office bearers of ICH should nominate a person for award of fellowship.
- d. Recommendations will be screened by the Credentials committee constituted by the Dean for the eligibility. The final selection will be done by the recommendations of Credentials committee that will be ratified by the Academic council. The bio-data of eligible candidates will be circulated along with list of candidates to the members of the council. The award of fellowship will be based on approval of at least 2/3 of the responding members of the Credentials committee. The selection of fellows will not be more than 10 each year.
- e. The applicant will have to pay Rs. 7000/- in total.
Following is the bank details for fees submission: -
Account Name- Indian College of Haematology
Bank Name- Punjab National Bank,
Branch- Park circus, Kolkata-700014
Account No.-0735102100000230
IFSC- PUNB0073510
- e. All fellowship certificates will be awarded during the annual conference of ISHBT.
- f. For sending soft copies, email to ichoffice2019@gmail.com
- g. For sending hard copies:
Prof. (Dr.) R.K.Jena,
Dept. of Clinical Haematology
1st Floor
Old Medicine Building
SCB Medical College & Hospital, Mangalabag, Cuttack
Pin-75300