

# Indian Pediatrics

13<sup>th</sup> Workshop

on

## “ART AND SCIENCE OF WRITING A PAPER”

10<sup>th</sup>-11<sup>th</sup> October, 2015 (Dates Revised)

Auditorium, Indraprastha Apollo Hospital, New Delhi

A two day hands-on training on preparing an article for publication as per Uniform Requirements for Manuscripts (with practical exercises) submitted to biomedical journals. Specific sessions will be devoted to writing 'Title', 'Abstracts', 'Methods', 'Results', 'Discussion', 'References', 'language', 'Responding to reviewers', and International publication norms and ethics.

**FEW SEATS LEFT**

### How to Apply

Registration will be limited to 36 participants (by selection). Young faculty in their early career will be preferred. Send your completed application in the questionnaire (available at [www.indianpediatrics.net](http://www.indianpediatrics.net)) along with a brief CV and DD/at- par cheque for Rs. 3500/-. Participants have to arrange their own travel and accommodation. We can provide a list of reasonable accommodation in the vicinity of the venue to the participants traveling to Delhi.

Demand draft/cheque should be issued in favor of "Indian Pediatrics" payable at Delhi.

### Contact Journal Office for any remaining seats

*Send your Application to:*

**Dr. Dheeraj Shah,**

*Editor-in-Chief,*

*Indian Pediatrics,*

*115/4, Ground Floor,*

*Gautam Nagar, New Delhi – 110 049.*

*Email: [jiap@nic.in](mailto:jiap@nic.in); [dheerajshah.indianpediatr@gmail.com](mailto:dheerajshah.indianpediatr@gmail.com)*

**Tel: 011-26961468, 011-46052593 (Journal Office)**

**Application for the Indian Pediatrics 13<sup>th</sup> Workshop on**

**“ART AND SCIENCE OF WRITING A PAPER”**

10<sup>th</sup> & 11<sup>th</sup> October 2015,  
Indraprastha Apollo Hospitals, New Delhi

Name \_\_\_\_\_

Date of birth \_\_/\_\_/\_\_\_\_ Gender: Male/Female

Correspondence Address \_\_\_\_\_

\_\_\_\_\_

Telephone No: Home \_\_\_\_\_ Office \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Present designation \_\_\_\_\_

\_\_\_\_\_

Office/Clinic Address \_\_\_\_\_

\_\_\_\_\_

Education and Qualifications (Degree, Date awarded) \_\_\_\_\_

\_\_\_\_\_

What you would hope to learn from this training and how this knowledge/skill will be used when you return home \_\_\_\_\_

\_\_\_\_\_

Publications: Number accepted in Journals indexed in Medline/PubMed \_\_\_\_\_

Numbers of Papers submitted for publication but rejected: \_\_\_\_\_

Draft no and details: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return your **fully completed** application form to:  
**Dr. Dheeraj Shah**, Chief Organizer and Editor-in-Chief, Indian Pediatrics,  
115/4, Ground Floor, Gautam Nagar, New Delhi – 110 049.  
Email: [jiap@nic.in](mailto:jiap@nic.in)

*Good Luck with your application!*