

Indian Pediatrics Announces



3rd Workshop on Research Methodology

23rd to 25th November 2018

Venue: Auditorium, Indraprastha Apollo Hospital, New Delhi

Highlights

- Specific sessions on study designs, searching the literature, basic statistics, data entry, data analysis (on Excel, SPSS) and its interpretation, and ethics of publication.
- Renowned faculty from prominent medical colleges and journals.

USP of workshop

- Intensive 3-day program with plenty of hands-on experience and group exercises.
- Limited to 36 participants with one full time facilitator for every group of 6 participants.

Who are eligible to apply?

- Faculty members of any speciality working in medical colleges or teaching hospitals (with MD, DNB, PhD, fellowship programs).
- Residents doctors desirous of pursuing career in teaching or research in India or abroad.
- Researchers working with International organizations or non-governmental organizations.

How to Apply?

Registration will be limited to 36 participants. Send your completed application in the format available at www.indianpediatrics.net, along with a DD/at par cheque for Rs. 5900/- (inclusive of 18% GST). Demand draft/cheque at par should be issued in favor of "Indian Pediatrics" payable at New Delhi. You can also transfer the amount to the bank account of Indian Pediatrics after finding out details from the office at 011 26961468. Participants have to arrange their own travel and accommodation.

Last Date of Receiving Applications is 15th July 2018.
(registration may be closed before this date, if number of participants reach 36)

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; dheerajshah.indianpediatr@gmail.com
Tel: 011-2696 1468 (Journal Office); **Mobile:** 09868399792, 09250304757

**Application for the Indian Pediatrics
Workshop on Research Methodology**

*23rd – 25th November 2018,
Auditorium, Indraprastha Apollo Hospital, 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) _____

Previous Research Experience:

- | | |
|---------------------------------------|------------------------|
| 1. PG thesis completed | Yes/No ; |
| 2. Thesis paper Published | Yes/No If yes (Number) |
| 3. PG thesis supervised | Yes/No ; |
| 4. Funded projects as PI | Yes/No |
| 5. Funded projects as co-investigator | Yes/No |
| 6. Any other (Specify) | |

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: jjap@nic.in*