Indian Pediatrics Announces

4th Workshop on Research Methodology
on 8th - 10th November 2019
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 Biomedical journals.

USP of workshop

- Intensive 3-day program (0900 to 1700 hrs) 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. 6500/- (inclusive of GST) in favor of “Indian Pediatrics” payable at Delhi. You can also transfer the amount to the bank account of Indian Pediatrics after finding out details from the office at 011-46052593. Participants have to arrange their own travel and accommodation.

(Registration will be closed when 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: 011-46052593(Journal Office); Mobile: 09873919792, 09250304757
Application for the Indian Pediatrics 4th Workshop on Research Methodology

8th, 9th and 10th November 2019
Venue: Auditorium, 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)___________________
_________________________________________________________________

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: jiap@nic.in