

Indian Pediatrics

Announces



5th Workshop on Research Methodology

on 28th - 30th October 2020

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 may be closed before this date, if number of participants reach 36)

Send your Application to: Dr. Devendra Mishra, Editor-in-Chief, Indian Pediatrics, 115/4, Ground Floor, Gautam Nagar, New Delhi – 110 049.

Email: jiap@nic.in

Tel: 0120-4957910 (Journal Office)

Sh. Mohan Giri (9810399118), Sh. Mayank (9899920861)

Application for the Indian Pediatrics 5th Workshop on Research Methodology

28th, 29th and 30th October 2020

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. Devendra Mishra, Chief Organizer and Editor-in-Chief, Indian Pediatrics,
115/4, Ground Floor, Gautam Nagar, New Delhi – 110 049.

Email: jjap@nic.in