



## **Procedure for Nomination & the Eligibility Criteria for Fellowship of IAPSM**

- For “Fellowship of IAPSM (FIAPSM)”, nomination has to be submitted by a Proposer and a Secunder. The proposer has to be a Life Member of IAPSM, having designation of Additional Professor or equivalent or Professor or equivalent while a Secunder has to be a Life Member of IAPSM of the designation of Associate Professor (or equivalent) & above.
- It is mandatory that the Proposer attaches one set of Bio -data of the nominee along with the nomination form. **The Bio-data of the nominee with photo-copies of the relevant supporting documents must be arranged as per format for such nominations.**
- A Life Member of IAPSM can propose or second only one nominee in a year.
- Please note that only a life-member of IAPSM with a minimum of 10 years standing in the profession (after doctorate degree of MD or Ph.D. in Community Medicine or allied subjects such as Biostatistics) can be nominated for the Fellowship. (Candidates with MPH or M.Sc. alone are NOT eligible).
- Last date for receipt of such nominations is **30<sup>th</sup> November of the year till 06:00 pm.**
- All valid Fellowship nominations will be evaluated by the Governing Council or its sub-committee against a set of pre-decided criteria. The awardees’ names will be announced in the General Council meeting of IAPSM (usually held on the 01st day of the National Conference). The Fellowship will be presented to an awardee in person during the Inaugural function of the next National Conference of IAPSM (usually held on the first day). Please note that for receiving the Fellowship, an awardee has to register for the Conference as a delegate. Unless there are valid reasons for exceptions to be made, this practice (of awarding Fellowship certificate in person) will be followed strictly.

A person chosen for receiving fellowship of IAPSM can use the suffix “FIAPSM” only after receiving the certificate for the same.

- She/ He can be considered for award of the IAPSM Orations only after 3 (three) clear years have elapsed from the year of getting selected for FIAPSM.
- The decision of the Subcommittee/Governing Council for awarding Fellowships is final, binding and cannot be challenged.
- In a particular year, not more than 16 (Twelve for academic category and Four for health care category) Fellowships will be awarded.

### **Fees:**

A Fellowship Registration fee of Rs. 5,000/- (Rs. Five Thousand only) (subject to change from time to time) will be charged from the chosen persons. This should be paid before the next National Conference.

- Through a A/C payee Demand Draft/ drawn in the name of “Indian Association of Preventive and Social Medicine”, payable at Ahmedabad, OR
- Through Net banking/NEFT/RTGS transfer (Detail can be sought from Treasurer) r

In case of failure to submit the registration fees can result in to cancellation of nomination of FIAPSM.



**Nomination Form for**  
**Fellowship of Indian Association of Preventive & Social**  
**Medicine (Health Care Category)**  
**For the Year 2024-25**

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

To,  
Dr. Purushottam Giri  
Secretary General  
Indian Association of Preventive & Social Medicine (IAPSM)  
Department of Community Medicine,  
IIMSR Medical College, Badnapur Dist. Jalna – 431 202 Maharashtra

Dear Sir,

I, ( Proposer) Dr. ...., hereby propose the name of Dr..... of  
(designation and address of the nominee).....  
.....  
for the Fellowship of Indian Association of Preventive and Social Medicine (F.I.A.P.S.M.) for the year .....

I am herewith enclosing his/ her Bio-Data with photo –copies of the relevant documents arranged as per format for this fellowship. I understand that if the nomination form is not in order, it is likely to be rejected.

\*Name (**Proposer**)..... Signature .....

Date.....Life membership No.....

Address .....

Telephone ..... email..... Mobile.....

---

**I hereby second this proposal**

\*Name (**Second**)..... Signature .....

Date.....Life membership No.....

Address .....

Telephone ..... email..... Mobile.....

---

**I hereby accept the nomination for Fellowship of IAPSM. I understand that the decision of the Governing Council of IAPSM on the subject will be final, binding and acceptable to me.**

Name (**Nominee**).....Signature.....

Life Membership No.....

Address.....

.....

Telephone ..... email..... Mobile.....

**(\*The name of those proposing and seconding must be on the Register of Members of the Society.)**



**FORMAT FOR ARRANGING BIO-DATA OF THE  
NOMINEE for  
Fellowship of IAPSM (Health Care Category)  
For the Year -----**

| Details of Nominee           |  |
|------------------------------|--|
| Name                         |  |
| Designation                  |  |
| Address with<br>PIN Code     |  |
| E-mail                       |  |
| Contact Number(s)            |  |
| IAPSM Life<br>Membership no. |  |

| 1.  | FACESHEET  | Scoring Criteria  | Max score | Obtained Score          |
|-----|--|---|-----------|-------------------------|
| 1.1 | IAPSM National Conferences Attended<br>( <i>Minimum 3 required for being eligible</i> )<br>( <i>Please Attach Proof as Annexure 1</i> )  | Attendance in 3 National conferences is required  | ---       | Eligible / Not eligible |
| 1.2 | Date of Completion of<br>M.D.(PSM/Community Medicine) or<br>Ph.D (in PSM/Community Medicine/<br>Allied Subject)<br>( <i>Please Attach Proof as Annexure 2</i> )<br>Total duration after MD/Ph.D: | Upto 5 yrs= 0<br>>5-10 yrs = 10<br>>10-20=20<br>>20-30 yrs=30<br>>30 yrs=40   | 40        |                         |
| 2.  | Working in the health care sector :  |   |           |                         |
| 2.1 | Criteria 1:International level<br>( <i>Please Attach Proof as Annexure 3</i> )<br><br>OR<br><br>National level<br>( <i>Please Attach Proof as Annexure 4</i> )<br><br>OR                         | Upto 5 yrs= 0<br>>5-10 yrs = 10<br>>10-15=20<br>>15 yrs=30<br><br>OR<br><br>Upto 5 yrs= 0<br>>5-10 yrs = 5<br>>10-15=10<br>>15 yrs=20<br><br>OR | 30        |                         |

|            |   |  |     |  |
|------------|---|--|-----|--|
|            | State level<br><i>(Please Attach Proof as Annexure 5)</i>   | Upto 5 yrs= 0<br>>5-10 yrs = 5<br>>10-15=10<br>>15 yrs=15  |     |  |
| <b>2.2</b> | <b>Level of the contributions</b>   |  |     |  |
|            | Criteria 1:Top level<br><i>(Please Attach Proof as Annexure 3)</i><br>OR<br><br>Middle level<br><i>(Please Attach Proof as Annexure 4)</i><br><br>OR<br>Lower level<br><i>(Please Attach Proof as Annexure 5)</i>   | Upto 2 yrs= 0<br>>2-5 yrs = 10<br>>5=20<br><br>OR<br><br>Upto 5 yrs= 0<br>>5-10 yrs = 5<br>>10-15=15<br>>15 yrs=20<br><br>OR<br><br>Upto 5 yrs= 0<br>>5-10 yrs = 3<br>>10-15=5<br>>15 yrs=10 | 30  |  |
| <b>3</b>   | <b>PUBLICATIONS: For Publication Proofs, attach the cover page of the Article or the book/booklets bearing your name and proofs for journal indexation in PubMed/Science citation index (minimum 5 articles are the criteria for eligibility)</b>   | ---  | --- |  |
| <b>3.1</b> | Criteria 1:Journal articles In PubMed Indexed/Science citation index indexed Journals<br><i>(Please Attach Proof as Annexure 6)</i><br>OR<br><br>Journal articles In indexed Journals other than PubMed Indexed / Science citation index<br><i>(Please Attach Proof as Annexure 7)</i><br><br>OR<br>Journal articles In non- indexed Journals<br><i>(Please Attach Proof as Annexure 8)</i> | 5 marks /article<br><br>OR<br><br>2 marks / article<br><br>OR<br><br>1 marks / article   | 20  |  |
| <b>3.2</b> | Please state h-index<br><br>(Impact of Nominee's articles will be assessed based on the h-index)<br><i>(Please Attach Proof as Annexure 9)</i>  | h-Index:<br>< 2 = 0 mark<br>2-5 = 5 Marks<br>>5 = 10 Marks<br>(up to maximum 10 marks)   | 10  |  |
| <b>3.3</b> | Text Books on Community Medicine/PSM/Public Health - Written<br><i>(Please Attach Proof as Annexure 10)</i>   | 10 marks / book  | 20  |  |

|            |   |   |            |  |
|------------|---|---|------------|--|
|            | <b>AND/OR</b><br>Chapters written in Text Books of Community Medicine/PSM/Public Health/program guidelines<br><b>(Please Attach Proof as Annexure 11)</b>                                   | <b>AND/OR</b><br>4 mark / chapter(guidelines) |            |  |
| <b>3.4</b> | Public Education books/booklets of At least 20 pages written<br><b>(Please don't count hand bills/leaflets etc. In this category)</b><br><b>(Please Attach Proof as Annexure 12)</b>        | 2 mark / book or booklet or article           | 10         |  |
| <b>3.5</b> | Articles for Public Education on health topics; Health columns written in popular magazines/newspapers.<br><b>(Please Attach Proof as Annexure 13)</b>                                      |   |            |  |
| <b>4</b>   | National level Awards received (related to health sector only)<br><b>(Please Attach Proof as Annexure 14)</b>   | 10 marks/ award                               | 20         |  |
|            |   |   |            |  |
| <b>5</b>   | Positions held in IAPSM Governing Council or IJCM or at State Level IAPSM Chapter<br><b>(Please Attach Proof as Annexure 15)</b>  | GC member=1<br>President/VP/SG<br>/CE=3       | 10         |  |
| <b>6</b>   | Fellowships of other agencies or Organizations received / Orations delivered<br><b>(Please Attach Proof as Annexure 16)</b>   | 5 marks /fellowship or Oration                | 10         |  |
| <b>7</b>   | Member of National/State level policy making bodies/Groups set up by the Government<br><b>(Please Attach Proof as Annexure 17)</b>  | 5 marks /membership                           | 20         |  |
| <b>8</b>   | List two really outstanding contributions to the Specialty of Community Medicine or Allied subjects or IAPSM that are important/ significant<br><b>(Please Attach Proof as Annexure 18)</b> | 10 mark/relevant contribution                 | 10         |  |
| <b>8.1</b> | Any other relevant Information that you wish to mention (if not covered in above)   |   |            |  |
|            | <b>Total</b>  |   | <b>230</b> |  |

Signature of the Nominee:.....

Date:.....

### Important Note:

- Kindly download the nomination form from national website [www.iapsm.org](http://www.iapsm.org)
- Submit with forwarding letter to Secretary General, IAPSM and Send by Courier/ Speed Post/ Register Post on the above mentioned official address of the Secretary General.
- No application will be accepted by email.
- Last date for receipt of nomination is: **30th November of the year till 06:00 pm.**
- Must be accompanied by proofs (attested photocopies of relevant documents) as Annexure as Indicated.
- Incomplete Bio-data may lead to poor evaluation.
- You have to calculate your own score based on the scoring system and fill it yourself in the Obtained Score (column).
- If the score is less than 50% of the applicant, then he/she is not eligible.
- Current National IAPSM office bearers are not eligible.

### Guidelines to fill the form

- 1) (1.1) The nominee should have attended at least 3 National conferences to be eligible for IAPSM Fellow.
- 2) (1.2) Nominee will be given marks based on date of completed years of his/her M.D. (PSM/ Community Medicine) or Ph.D (in PSM/ Community Medicine/Allied Subject) as follows:
  - <5 yrs= zero marks
  - 5-10 yrs = 10 marks
  - >11 -20=20 marks
  - 21-30 yrs=30 marks
  - ≥31yrs=40 marks
- 3) (3) 5 published articles are the eligibility criterion however the same may be used for scoring as per 3.1.
- 4) (3.1) Journal articles Indexed in PubMed or Science citation index indexed Journals carries higher weightage of 5 marks/article.
  - Journal articles in Journals other than PubMed Indexed / Science citation index will carry 2 marks/article
  - Nominee need to attach a proof of journal indexation.
  - Sequencing of authorship will not be considered for marking; it will be same for 1<sup>st</sup> author or 2<sup>nd</sup> author or 3<sup>rd</sup> author and so on).
  - Maximum marks for journal articles will be 10.
- 5) (3.2) **h-index** of the Nominee will be considered for marking as a proxy of importance of researcher's work.

H-Index of > 2-5 will be allotted 5 Marks H-Index of >5 will be allotted 10 Marks,  
Nominee is advised to follow following steps to generate his/her h-index:

**Open a free account on researchgate.net → fill all academic / institutional details  
→ allow Research Gate to find your publication automatically and verify the same →  
upload your remaining publications if necessary → view your h-index in your profile  
section (Scores tab) of your Research Gate account and attach a proof of the same in form  
of screenshot.**

#### Notes:

- It may take a few days to generate your free account on Research Gate. It will ask you to provide your publication details or email id of a colleague who is using Research Gate.
- Nominee is requested to provide latest h-index up to 31<sup>st</sup> December.
- Nominee can send screenshot of h-index on that date separately through mail on [iapsmsecretarygeneral@gmail.com](mailto:iapsmsecretarygeneral@gmail.com) this will be incorporated in calculation.

- 6) (3.3) Nominee should mention all the Textbooks on Community Medicine/PSM/Public Health he/she has written, chapters he/she has written National guidelines/Text Books of Community Medicine/PSM/Public Health and Support Books of Community Medicine or allied subjects he/she has written. 10 marks will be allotted for book. 4 marks for book chapter/program guidelines will be given up to maximum of 20 marks.
- 7) (3.4 & 3.5) Nominee should mention all the public Education books/ booklets written by him/her which is of at least 20 pages. Please don't count handbills/ leaflets etc. in this category. Articles for Public Education on health topics; Health columns written in popular magazines/ newspapers should also be mentioned.  
Nominee will be given 1 mark per book or booklet or article up to maximum 5 marks.
- 8) (4) Nominee should mention National level Awards received by him/her related to health sector only. 10 marks will be given per award received up to maximum of 20 marks.
- 9) (5) Positions held in IAPSM Governing Council or IJCM or at State Level IAPSM Chapter will be considered for allotment of marking. For position held as GC member will be given one mark, President/VP/SG/CE, and Committee member will be given 2 marks up to maximum of 10 marks.
- 10) (6) If the nominee has received the Fellowships of other agencies or Organizations, or he/she was invited and delivered Orations, he/she would be given 5 marks/fellowship or Oration up to maximum 10 marks.
- 11) (7) Membership in National / State level policy making bodies/ Groups set up by the Government would be considered for marking. 5 marks will be given per membership up to maximum 10 marks.
- 12) (8) Nominee is expected to write his/her TWO exceptional/ outstanding contribution to the specialty of Community medicine or allied subjects or IAPSM that he/she thinks important / significant. 10 marks will be given for relevant contribution.