



ACADEMIC COUNCIL OF OCCUPATIONAL THERAPY

APPLICATION FORM

Fellowship of Academic Council of Occupational Therapy

Name of the Applicant: _____

Qualifications:

BOT: _____ Year of Passing _____ Institution _____

MOT: _____ Year of Passing _____ Institution _____

Ph. D: _____ Year of Passing _____ Institution _____

Others: _____ Year of Passing _____ Institution _____

AIOTA Membership No. : _____ **Year:** _____

ACOT Registration No. : _____ **Year:** _____

Mailing Address: _____
_____ **Pin** _____

Tel. No. : _____ **Mobile No.:** _____

E-mail: _____

1. Official Position: _____

a. Institution's Name & Address _____

b. Total Work Experience _____

2. Faculty position in AIOTA Accredited Occupational Therapy Programs _____

a. Institution's Name & Address _____

b. Total Work Experience _____

3. If self-employed: _____

a. Institution's Name & Address _____

b. Total Work Experience _____

PUBLICATIONS:

No. of publications as first author/contributing author/ Alternate author in the indexed journals /books:

| Title of presentation | Name of Publication | Vol. No/Issue | Year | Publisher |
|-----------------------|---------------------|---------------|------|-----------|
|-----------------------|---------------------|---------------|------|-----------|

1.

2.

3.

4.

5

Others

PRESENTATIONS:

No. of paper presentations in national/international conferences _____

| Title of presentation | Name of Conference | Place | Year | Organisation |
|-----------------------|--------------------|-------|------|--------------|
|-----------------------|--------------------|-------|------|--------------|

1.

2.

3.

4.

5.

Others

No. of COTE/CME/Seminar/Workshop/Short Courses as resource person

| Title of COTE /CME/Seminar/Workshop etc | Place | Year | Organisation |
|---|-------|------|--------------|
|---|-------|------|--------------|

1.

2.

3.

Others

Awards for presentations in conferences etc: Specify details:

1.

2

3.

Principal Guide as Post Graduate Teacher:

Name of students Title of dissertation Year of submission

- 1.
- 2.
- 3.
- 4.
- 5.

Others

Distinguished Awards and Honors if any: Specify details

- 1.
- 2.
- 3.

Others

Signature of Applicant

Important:

- 1. Application should be complete in all respect
- 2. Wherever necessary separate sheet should be attached, to provide information
- 3. Self- attested copy in support of all above specified information should necessarily be attached.

UNDERTAKING

I hereby certify that the information provided by me for Award of Fellowship of Academic Council of Occupational Therapy of AIOTA is true to the best of my knowledge and belief. I shall abide by the rules & regulations for submission of my application. I also understand that the decision of the ACOT/AIOTA EC in this respect shall be final and binding.

Date:
Place:

Signature of the Applicant

IMPORTANT: Duly filled application form preferably typed should be sent along with:

* **DD for Rs. 3000.00** in favor of **AIOTA** payable at **Mumbai** towards non-refundable processing fee.

* Self -attested copies of all documents, certificates, publications etc.

Application complete in all respect should be sent to:

Dr. Jyothika Bijlani, Dean ACOT, 21, Kalpataru Harmony, Next to Sion Telephone exchange, Sion East, Mumbai -400022

Tel: +91 9820964567 E-mail: deanacot@aiota.org , jyothikabijlani@yahoo.co.in

For Office Use Only

Application Received on Dated:-----

Remarks:

Signature of Dean ACOT