

Annexure A
Application Form for Recognition of Books

Name of the applicant:

Designation:

Specialty:

Email ID:

Mobile Number:

Hospital / Location:

Title/ name of Book and date of publication:

Please attach copy of the cover page of the book published.

Edition of Text book: (Please write 'Yes' against one of the following)

- First Edition
- Second Edition
- Third Edition

Please write "Yes" against one of the following:

- Editor of Text Book
- Editor of Revised Edition of Text Book

Author details with name of hospital:

Signature of the applicant:

Date:

Signature of the DMS/ Medical Head:

Date:

Guidelines:

- Please send copy of the cover page of the book (containing title of book, name of author and date of publication), through email with separate Annexure A for each Book signed by the local DMS / Medical Head.
- Application of only first author working at Apollo Hospitals will be considered.
- Please do not submit chapters published in any book.
- Book published during the last one year (i.e. 01/01/2021 to 31/12/2021) will be considered for recognition.