



ORGANISATION OF INDIAN COLLEGE OF PATHOLOGISTS (ICP)

Application for Post-Doctoral Certificate Course

Part A: To be completed by the Applicant

Part B : To be completed by the Guide

PART A

Name of Applicant: _____

Date of Birth: _____

Age: _____ **Sex:** _____

Address for correspondence:

Permanent address:

Mobile No: _____

Email ID: _____

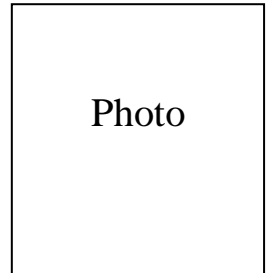
Aadhaar Card No: _____

MCI / NMC / State Medical Council Registration No: _____

State Medical Council (Specify State) : _____

MBBS: _____

MD: _____



Qualification	Year of Passing	Name of Institute	Name of University
MBBS			
MD			

Name of Guide: _____

Course: PDCC in Subspecialty: _____

Date of joining course: (DD/MM/YYYY):

Academic Year (YYYY):

Payment Details:-(Attach document) ETR details:

Electronic Transfer Receipt ID _____ for Fees of Rs. 11,000/-
dated _____ of Bank _____

I, Dr. _____ declare that the above
details furnished by me are correct and am willing to undergo the training under the
guidance of Dr. _____ of _____ Institute.

Date:

Place:

Signature of Applicant

List of enclosures: Indicate Yes/No (1 to 5 to be attested by the Guide/ Gazetted officer)

- 1) Attested Copy of MBBS Degree
- 2) Attested Copy of MD degree
- 3) Attested Copy of Aadhaar Card
- 4) Attested Copy of NMC/MCI Registration - MBBS
- 5) Attested Copy of NMC/MCI Registration -. Post Graduate
- 6) ETR receipt for Rs. 11,000/-
- 7) Letter of admission with approval of guide from the concerned Centre on the Institutional letter head forwarded through proper channel.