



# ORGANISATION OF INDIAN COLLEGE OF PATHOLOGISTS (ICP)

## Post-Doctoral Certificate Course (PDCC) Application Form

### PART B

#### Format for Guide certificate

To be completed by the Guide and forwarded within a month of joining the PDCC Course

I, Dr. \_\_\_\_\_ of \_\_\_\_\_

Institute, am willing to accept Dr. \_\_\_\_\_ as a candidate for the Post- Doctoral Certificate Course (PDCC) of Indian College of Pathology in \_\_\_\_\_ at the \_\_\_\_\_ Institute. The candidate fulfils mandatory requirements for the course and has been selected for the said Course. He/She will start the PDCC course on \_\_\_\_\_. The title of the research work for the course will be intimated within a month's time and the completed research work will be submitted as a hard copy at the time of examination.

**Date:**

**Place:**

**Contact number:**

**E mail ID:**

**Signature of Guide**