



ORGANISATION OF INDIAN COLLEGE OF PATHOLOGISTS (ICP)

Post-Doctoral Certificate Course EXAMINATION FORM

INSTRUCTIONS TO THE CANDIDATE

1. The candidate should have completed the mandatory requirements and training specified and should be declared eligible to answer the examination by the Guide.
2. Pay Rs. 15, 000/- as examination fee to ICP at Bank account number 10502679940 at State Bank of India, payable at Chandigarh, IFSC code SBIN0000607.
3. Enclose ETR receipt for Rs. 15000/-
4. Part A to be filled by the candidate and Part B by the Guide.
5. This application is to be filled online on the website <http://www.icpathology.com> and subsequently, the hard copy of the application form to be sent to the Secretary ICP at the address below:

Dr. Usha Kini, MD, DNB, FICPath, FAMS
Secretary, Indian College of Pathologists
Professor of Pathology (Research)
St. John's Medical College
Bangalore – 560034, Karnataka
Mob: 9448270384
Email: ushakini.icp@gmail.com

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ORGANISATION OF INDIAN COLLEGE OF PATHOLOGISTS (ICP)

Post- Doctoral Certificate Course Examination Form

Part A: To be completed by the Applicant

Part B : To be completed by the Guide

PART A

PHOTO

Name of Candidate.....

Centre.....

Name of Guide:

Course: PDCC in Subspecialty.....

PDCC Enrollment Number[@]:

Title of research work for PDCC.....

Tentative Date of Examination:

Detail of Payment of Exam Fee: (Attach Receipt)

Electronic Transfer Transaction ID _____

For Examination Fee of Rs. 15,000/-

@: Applicable to 2023 Batch onwards

Signature of the Candidate

Date



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Application Form for Post-Doctoral Certificate Course Examination

PART B

Guide certificate

To be completed by the Guide and to be submitted with Part A of the Examination Form

I, Dr. _____ of _____

Institute, PDCC guide certify that Dr. _____ who has been the candidate for the Post- Doctoral Certificate Course (PDCC) of Indian College of Pathology in _____ at this _____ Institute, fulfills mandatory requirements for the course specified and further, I certify that the candidate is eligible to answer the examination in _____ (month) of _____ (year).

Signature of Guide

Date:

Place:

Contact number:

Email ID: