



# ORGANISATION OF INDIAN COLLEGE OF PATHOLOGIST (ICP)

Application for fellowship by Nomination

## PART A to be completed by applicant

1. Name in full

Surname

First Name

Middle Name

2. Age..... Yrs.

3 Sex: Male/ Female..... Date of Birth: .....

4. IAPM Life Membership No. ....

5. Date of Joining IAPM as Member:.....

6. Address for  
correspondence.....

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(Off.)..... Pin code .....Tel No. (R.) .....Tel No

No..... Email.id.....Mobile

Adhar card

No.....

7. Qualification Date of Passing Name of the University

MBBS.....

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MD.....

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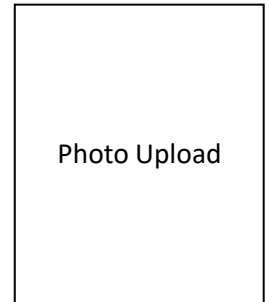
Other.....

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MCI Registration No

.....MBBS- .....MD.....



**8. Appointment of Positions held**


**9. Contribution to IAPM**

**A. Organization of National Conference/ CME/ workshop. Organisation of state conference / CME/ workshop.**

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**B. Contributions IAPID (Indian Division) CME / Workshop**

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.....**C Any Other**

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**10. Publications / Academic activities ( attach list publications)**

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11. Special Honnours - awards/ Distinctions/ visiting Professor, Orations, etc.

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12. Processing fees:

Fellowship Fees Rs. 500/- to be paid at **Bank account number 41581780106 at State Bank of India, Medical Institute branch, payable at Chandigarh, IFSC code SBIN0001524**

**Applicant's Signature**.....

**Date:**.....