ORGANISATION OF
INDIAN COLLEGE OF PATHOLOGIST (ICP)

Application for Fellowship by Nomination (FICPath)

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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:.....
(Minimum 10 years of life membership is required)

6. Address for correspondence.....

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

Email.id.....Mobile No.....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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10. Publications / Academic activities (attach list publications)

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

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12. Processing fees:

Fellowship Fees Rs. 2000/- 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:.....**