



**Indian College of Pathologists**  
**Application for Post Doctoral Certificate Course**

**Name of Applicant:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address for Correspondence:** \_\_\_\_\_

**Locality:** \_\_\_\_\_

**Area:** \_\_\_\_\_

**City:** \_\_\_\_\_

**PinCode:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Telephone No. STD Code** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**E.mail:** \_\_\_\_\_

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

**Present Designation /Occupation:** \_\_\_\_\_

**Total experience in Subject:** \_\_\_\_\_

**Attach list of Papers presented in state/National/International Conferences**

**Attach list of Papers published**

**Attach documents related to any other Academic Achievements**

**Payment Details:**

**D/D No.** \_\_\_\_\_ **for sum of Rs. 10000** **dated** \_\_\_\_\_

**Electronic Transfer** \_\_\_\_\_ **Bank** \_\_\_\_\_

**Transfer ID** \_\_\_\_\_

I Dr. \_\_\_\_\_ am willing to  
Undergo the training at the following Center \_\_\_\_\_

Under guidance of Dr. \_\_\_\_\_

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

To be completed by guide

I Dr. \_\_\_\_\_ am willing to

Accept Dr. \_\_\_\_\_ as a

Candidate for the Post Doctoral Certificate Course in \_\_\_\_\_

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of Indian College of Pathologists.

Date: \_\_\_\_\_ Signature of Guide \_\_\_\_\_

Annexures:

- Payment receipt
- Certificate for guide
- Government Recognized Photo ID
- MBBS mark sheet
- MDmark sheet
- .....
- .....
- For ICP Office