



Indian College of Pathologists
PDCC Examination Form

Name of candidate.....

Sex/Age.....Centre.....

Name and Designation of Guide.....

Course: PDCC.....(Specifyspecialty) Academicyear/month.....

Father's name/Mother's name.....

Date of joining course..... Date of completion of course

Title of research work for PDCC.....

Research publications/Presentation :(if any fromthe above work).....

.....

Present address.....

.....

Permanent address (for posting certificate)-.....

.....

Payment Details: -

D/D No. _____/Electronic TransferTransaction ID _____

for examination Fess Rs. 15000/- dated _____

(Signature of Candidate)

Certificate from Guide

Certified that the candidate name has successfully completed the required training and research work towards the PDCC course as recommended by ICP rules & regulations on under my guidance and will be eligible to take the PDCC ,, ,, ,, (specify specialty) exit examination in in July/ January.....(year).

(Name & Signature of Guide) with stamp

Annexures:

Completed examination form

Examination fees payment: e-transfer receipt/DD

Certificate from Guide

Copy of publication/certificate of presentation of research work done for PDCC

Any other (specify)

For use by ICP office