

# Indian College of Pathologists

## Application for Post Doctoral Certificate Course

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

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

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

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

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

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

Pin Code: \_\_\_\_\_

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

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

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

E. Mail: \_\_\_\_\_

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

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