

INDIAN SOCIETY FOR THE STUDY OF PAIN
APPLICATION FORM FOR TRAINING IASP-ISSP OBSERVERSHIP

Full Name: Dr / Mr / Mrs
(in block letters) (Surname) (Name) (Middle Name)

Sex: Male / female **Age:** years, **Date of Birth**

Qualification (University & Year of passing)

ISSP Life Membership number **Year of Registration (ISSP):**

Present Appointment

Name of Institute

Address for correspondence:

.....

Pin..... State..... Phone.....

E-mail ID:..... **Mobile No:**.....

Annual National ISSPCON Attended in Last Five Years:

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Research Papers, Publications & Presentation in Pain

(If needed, please use additional paper)

I hereby declare that the information submitted is correct. I will abide by the selection criteria and rules of selection committee.

Date:

Signature of Applicant

(Application form should reach the Secretariat Office by 20th January Of 2017)