



Entry Exam Application Form of Indian Academy of Pain Medicine

You must read the Application Form Information Sheet before completing this form

Photo
Staple please

Please fill in BLOCK CAPITALS

First Name (as it appears in the medical council registration)

Surname/ Family Name (as it appears in the medical council registration)

Gender: Male Female

Date of Birth:

ISSP Life membership number

Medical Council Registration number

State where registered

Address for correspondence

Address line 1:

Address line 2:

Address line 3:

Town/ City:

State:

Pin Code:

This address is (Tick One only) Permanent For this exam only

Telephone:

Email:

Registered Qualifications:

MBBS:

Awarding body and country

Year awarded

DNB (Anaesthesiology): Year awarded

MD (Anaesthesiology):

Awarding body and country

Year awarded

Diploma in Anaesthesiology:

Awarding body and country

Year awarded

Institution in which postgraduate training took place:

Date of award of postgraduate qualification:

Details of your current post:

Post:

Institution/ Hospital:

From:

Name and work address of Head of Department (HOD) currently supervising you

Name:

Address Line 1:

Address Line 2:

HOD's telephone number:

HOD's email:

HOD's signature:

Declaration

I certify that:

- All the statements in this application are true.
- I have read and agree to abide by the IAPM Examination Regulations.
- I am eligible in all respects to enter this examination.
- I have no illness or disability that would preclude the safe practice of pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of pain medicine.

Signature: _____ Date: __ / __ / __

Please consult the accompanying Application Form – Information Sheet for further information. Send the completed form, supporting documents and exam fee to ISSP by the closing date, November 15th 2018.

Dr. Pradeep Jain

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