



FIAPM – Exit Exam Application Form

You must read the Guidance Notes & Regulations 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:	
Date of Birth: dd/mm/yyyy	
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:
Please provide the date(s) of previous attempts at the FIAPM
1. MMYY Y 2. MMYY Y



Please specify which one of the following applies to you

I am currently an IAPM trainee	
I have completed pain training in an Indian university accredited programme	
I have completed an accredited pain training overseas	
I have completed pain training from a private institution	
I am a senior pain physician	

For supporting documents please refer to Guidance Notes & Regulations 14.1 to 14.9

FOR EXAMINATION FEE:

IAPM CANDIDATE Rs. 25,000 NON - IAPM CANDIDATE Rs. 40,000

The Financial instrument should be made payable to "Indian Society for the Study of Pain."

Please refer to Guidance Notes & Regulations 5.4, 14.8 & 14.9

Venue: Artemis Hospitals, Gurgaon

Date: 13th & 14th January 2018



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:	Do	ate:	/	/	

Please consult the accompanying Guidelines Notes & Regulations for further information. The completed application form, supporting documents and exam fee should reach the Registrar IAPM no later than 5 pm, 30th December 2017.

Contact details:

Dr. Pradeep Jain

Registrar, Indian Academy of Pain Medicine Department of Anaesthesiology, Pain and Perioperative Medicine 5th Floor, Super Speciality Research Block (SSRB) Sir Gangaram Hospital, Rajinder Nagar New Delhi – 110060, India

Email: registrar.iapm@gmail.com

