APPLICATION FORM FOR MisEpp OBSERVERSHIP PROGRAM

(For ISSP Members only)

Indian Academy of Pain Medicine (IAPM)

(Academic & Training Wing of ISSP)

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SECTION 1: PERSONAL DETAILS

- **Full Name (as per Medical Registration): _____**
- **Date of Birth: _____**
- **Gender: _____**
- **Mobile Number: _____**
- **Email ID: _____**
- **Correspondence Address:**

_____

SECTION 2: PROFESSIONAL DETAILS

- **Primary Qualification (MBBS): _____**
- **Postgraduate Qualification (MD/DNB/Equivalent): _____**
- **Specialty: _____**
- **Current Designation: _____**
- **Name of Institution / Hospital: _____**
- **City: _____**
- **Years of Experience in Pain Medicine: _____**

SECTION 3: MEMBERSHIP & ELIGIBILITY

ISSP Membership

- **ISSP Membership Number: _____**

IAPM Qualification Status

Status	**Select**
FIAPM Qualified	☐
DM/PDCC Pain medicine	☐

Status	Select
Not FIAPM Qualified	☐

SECTION 4: CLINICAL EXPERIENCE (OPTIONAL BUT RECOMMENDED)

- **Experience in Interventional Pain Procedures:**
  ☐ Beginner
  ☐ Intermediate
  ☐ Advanced
- **Any Exposure to Spine Endoscopy:**
  ☐ Yes ☐ No

If Yes, please specify:

SECTION 5: PREFERRED OBSERVERSHIP DETAILS

- **Preferred Centre(s):** _____
- **Preferred Month(s):** and Dates_____
- **Purpose of Observership (tick applicable):**
  ☐ Academic Learning
  ☐ Skill Orientation
  ☐ Practice Development
  ☐ Others: _____

SECTION 6: DECLARATION BY APPLICANT

I hereby declare that:

1. I am a registered medical practitioner with a valid medical license.
2. I am an active member of ISSP.
3. I understand that this program is **only an Observership** and:
   - I will not perform any independent procedures

    - I will not be involved in direct patient care
4. I will abide by:
    - Institutional protocols
    - Ethical guidelines
    - Patient confidentiality norms
5. I understand that this Observership **does not confer certification or fellowship.**

SECTION 7: UNDERTAKING

I undertake to maintain professional conduct during the observership and respect all rules and regulations of the host institution and IAPM/ISSP.

SECTION 8: SIGNATURE

- **Name of Applicant: _____**

- **Signature: _____**
- **Date: _____**

SECTION 9: FOR OFFICE USE ONLY

- Eligibility Verified: ☐ Yes ☐ No
- FIAPM Status Verified: ☐ Yes ☐ No
- Centre Allotted: _____
- Duration: _____
- Approved by: _____

- Signature: _____