CERTIFICATE OF COMPLETION

(For FIAPM Exit Exam Eligibility – Non-FIAPM Institute Fellows)

This is to certify that **Dr.** _____, holder of Medical Registration No._____ ***, has successfully completed one year of full-time training in Pain Medicine at*** _____ _____from _____ **(Start Date)** to _____ **(End Date)**.

During this period, the candidate was appointed as a fellow and was **exclusively engaged in the practice and training of Pain Medicine** under the supervision and mentorship of **Dr.** _____, who is a **FIAPM-qualified Pain Specialist** and recognized Fellow of the Indian Academy of Pain Medicine (FIAPM).

This certificate is issued upon successful completion of one full year of continuous full-time fellowship in Pain Medicine at this institute.

Signatures:

Name & Designation	**Signature & Seal**	**Date**
Head of the Institute	_____	_____
Head, Human Resources Department	_____	_____
FIAPM Program Head	_____	_____

(Official Seal of Institute)

Affidavit by Fellow

(To be submitted on a ₹100 Non-Judicial Stamp Paper, duly notarized)

AFFIDAVIT

I, **Dr.** _____, S/o / D/o _____, residing at _____, bearing Medical Registration No. _____, do hereby solemnly affirm and declare as under:

1. That I have completed **one year of full-time fellowship training in Pain Medicine** at _____ **(Name of Institute/Hospital)** from _____ **(Start Date)** to _____ **(End Date)**.
2. That the said training was conducted **under the direct supervision of Dr.** _____, who is a **FIAPM-qualified Pain Physician**.
3. That during the entire period of training, I was **exclusively engaged in Pain Medicine practice** and was **not involved in Anaesthesia practice** or any other specialty work in this or any other institution.
4. That the training included exposure to **interventional pain procedures, clinical case management, research, and academic participation** as per FIAPM curriculum guidelines.
5. That this affidavit is being submitted to the **Indian Academy of Pain Medicine (IAPM)** along with my application for the **FIAPM Exit Examination**, as proof of completion of the required training in Pain Medicine.

I hereby declare that the statements made above are true to the best of my knowledge and belief. I understand that any false declaration may render my application liable for rejection and disciplinary action by IAPM.

Place: _____
Date: _____

Deponent:
(Signature of the Fellow)
Dr. _____
Medical Registration No. _____

Verified and Signed before me
(Signature and Seal of Notary Public)
Date: _____