INSTITUTE OF PALLIATIVE MEDICINE

Medical College (PO), 673008, India

**APPLICATION FORM**

BASIC CERTIFICATE COURSE IN PALLIATIVE MEDICINE

April 2023 Batch

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| --- | --- | --- | --- |
| 1. | Name | |  |
| 2. | Date of Birth | |  |
| 3. | Gender | |  |
| 4. | Qualification (*with year)* | |  |
| 5. | Address | |  |
| 6. | E-mail | |  |
| 7. | Mobile Number | |  |
| 8. | Details of Payment :  *Cash/ Cheque/ Online payment*  Amount: Rs | Cheque / dd / No/Transaction ID: Dated :  Name of Bank  Branch | |

Place: Date:

*Please return to: The Coordinator, Educational Programs, Institute of Palliative Medicine, Medical College, Kozhikode , 673008 , Phone: 0495-2354166 Email:* [*ipmacademics@gmail.com*](mailto:ipmacademics@gmail.com)