

## INSTITUTE OF PALLIATIVE CARE

OLD DIST HOSPITAL BUILDING, THRISSUR 680 001

A collaborating centre of Institute of Palliative Medicine WHO Demonstration Project,
Medical College, Calicut and a recognized Training centre for Arogya Keralam,
Palliative Care Project, Govt. of Kerala.

## FOUNDATION COURSE IN PALLIATIVE MEDICINE (FCIPM)

APPLICATION FORM					
1	Name (in Block letters)				
2	Relevant Qualifications (with year)				Photo
3	Address for Correspondence			PIN	
4	Mobile:	5. Work	Phone		
6	Email ID				
7	Give details of any previous palliative care education / experience				
8	Give details of nearest palliative care facility, you know of.				
9	How will you implement the knowledge gained on this course?				
10	<ul> <li>a) Do you have any preference for the time of the course? Yes / No</li> <li>b) If yes, write preferred Year and Month:</li> </ul>				
Encl: Self attested copy of MBBS/BDS and Registration certificates					
Date:					
Plac	ce:		Applicant's signature		
		For office use on	<u>y</u>		_
Reference No					