



**Application for Grant for
Setting up of Palliative Care Services in India**

PART - A

Name of the Applicant	
Profession	Nurse / Doctor
Address	
Contact Details	Phone (Official): Phone (Mobile) : E-mail :
IAPC Membership No.	
Educational Qualifications	
Training in Palliative Care	
Experience in Palliative Care	

PART – B
Institution's/Organisation's Profile

Name of the Institution / Organisation	
Name of the head of the Institution / Organisation	
Address of the Institution / Organisation	
Contact Details of the Institution / Organisation	Phone (Official): Phone (Mobile) : E-mail :
IAPC Membership No.	
Details of present palliative care related activities of the Institution / Organisation	
Details on plans of the institution / organisation for the continuation of the palliative care services at the end of the project	

PART – C

The Project Proposal

(This should contain the aims, objectives, financial implications, infrastructure needs, outcomes and plans for continuing the programme in future including financial viability)

PART – D

Referees

1	Name	
	Address	
	Contact Details	Phone (Official): Phone (Mobile) : E-mail :
2	Name	
	Address	
	Contact Details	Phone (Official): Phone (Mobile) : E-mail :

Declaration by the applicant

I hereby state that all the information provided in this application are true to my best knowledge. I agree to send activity report on the project every three months and an annual report with financial statement before 10 March 2009 to the IAPC secretariat. I also agree to keep a registry of persons availing palliative care services at the centre and to accept observers/mentors appointed by IAPC to the service for evaluating and supporting it. I have read, understood and agree to the guidelines for this grant.

Name of the applicant

Signature

Date:
Place:

Declaration by the Head of the Institution / Organisation

I am aware of this application which is being submitted IAPC for support for setting up a palliative care services in my institution/organisation. I endorse this application and also agree to extend financial and human resource support to ensure the continuity of the programme.

Name of the Head of the Institution/Organisation

Signature

Date:
Place:

(Office Seal)