

Instructions:

Please email this completed application form to admissionsiapc02@gmail.com along with a copy of the receipt of course fee paid.

Name of the Applicant	
Educational Qualification	
Full Address with Pin code	
Mobile Number	
Email address	
Details of Course Fee Paid <i>(Course fee can be transferred online to the IAPC's account)</i>	Amount Paid: Transaction Number: Date of Payment:
Date of submission of application	
Bank Account Details of IAPC to pay the course fee <i>(Course fee will not be accepted as Cheque or DD)</i>	Account Name: Indian Association of Palliative Care Account Type: Current Account Account No.: 33808019294; IFSC Code: SBIN0001536; MICR Code: 110002005; Branch Code: 001536; Branch Name: State Bank of India; AIIMS Campus, Ansari Nagar East, New Delhi – 110029

What motivates you to participate in this course?
(2-3 short and crisp statements as bullet points)

How do you think the inputs from this training program will help you in delivering care in palliative care settings?
(2-3 short and crisp statements as bullet points)