

**TIPS ECHO-Foundation Course in Palliative Medicine**

#### APPLICATION FORM

**Personal Informations**

Name of candidate :

Age & Date of Birth :

Address for Correspondence :

Permanent Address :

(with PIN code)

Phone no (Mobile) :

Phone no (WhatsApp) :

Email ID :

**Professional Informations**

Qualification :

Medical College of Graduation :

Month and Year of Graduation :

Current designation (if working) :

Address of place of work (if working) :

**Other**

How do you hope to apply the knowledge gained during the course?

**Please include the following**

1. Attach a copy of the qualifying medical council registration certificate.
2. One passport-size photograph on the place provided above.

***Please send completed application form to tipsecho@palliumindia.org***