



INDIAN COLLEGE OF VETERINARY PATHOLOGISTS

(Est. 2008: Under the aegis of 'Indian Society for Certification of Veterinary Pathologists', Reg. No. 1014, Societies Registration Act 1860)
HQ; Division of Pathology, Indian Veterinary Research Institute, Izatnagar 243 122, UP

Application for the Board Certification Examination-2022 (Application must be sent as an email attachment latest by 28.02.2022)

1. Name of the Candidate: _____
Surname First name Middle name(s)

2. Address for communication

Postal address, line 1 :

Postal address, line 2 :

Place/Town :

PIN code :

State :

Telephone number (Office) :

Telephone number (Residence) :

Cell/mobile phone No (if any) :

E-mail address :

Alternate e-mail address :

Affix
latest
photograph

2. Age and Date of Birth : _____ years : ___dd/ ___mm/ ___yy

3. Sex : Male/Female

4. Details of qualifying examinations (please attach proof)

Qualification	University	Year	Subjects	Remarks (if any)
BVSc & AH				
MVSc (Pathology)				
PhD				

ICVP Office use only

	Receipt of application	Verification and recommendation by Registrar/Secretary	Approval by the Executive Committee	Registration No. allotted
Date				
Name/signature				

5. Details of experience as practicing Veterinary Pathologist:

(Start with the most recent experience)

Dates From to	Total period in months	Place of work	Designation at work	Remarks (if any)

6. Details about registration with the Veterinary Council of India or its authorised State Council

Registration number of state veterinary council :

Dates of renewal of the registration :

Last valid date of the registration :

Name and address of the registration authority:

7. Nature of training (select one in accordance with the Clause 3.3 of the Examination document)

<input type="checkbox"/>	Standard
--------------------------	----------

<input type="checkbox"/>	Alternate
--------------------------	-----------

8. Details about registration as a trainee (if any) with the Indian College of Veterinary Pathologists

ICVP Trainee registration No. :

Date of initial enrolment : ____mm/ ____yy (as conveyed by ICVP)

Supervisor (s)	Name of the supervisor	ICVP Registration No. of the supervisor
Major supervisor		
First minor supervisor		
Second minor supervisor		
Third minor supervisor		

9. Details of examination fee remitted* online:

Amount	Rs 10,000/-
Online transaction ID	

Date	
Name of the bank	

***Bank Details for online payment:**

Name of the beneficiary: Treasurer, ICVP
Name of the bank: State Bank of India
Branch Name: CARI Branch, Bareilly, UP
Account Number: 30976732941
IFSC: SBIN0007027

Declaration by the candidate

(Please select whatever applicable to you)

- I wish to appear for the Board Certification Examination announced by the Indian College of Veterinary Pathology and scheduled for **10th and 11th September 2022** at Nagpur. I understand that in the event of cancellation or change of venue or date, I am not eligible for any claim other than a refund of the examination fee paid to the ICVP.
- I am a registered veterinary practitioner in India and my registration is valid until_____.
- I have completed MVSc (Veterinary Pathology) of the _____ university.
- If admitted to the College and awarded a Diplomate status, I shall obey the rules and regulation of the College
- The details submitted in this application are true to the best of my knowledge and belief.

Place

Signature

Date

Name

DECLARATION BY THE SUPERVISOR

(Endorsement/Recommendation is a must for all applications)*

In my opinion Dr _____ has sufficient education and training prescribed by the Indian college of Veterinary Pathologists to take the Board Certification examination. He may be admitted to the examination for the Diploma in Veterinary Pathology through the **standard / alternate** route as he/she has **completed / likely to complete three / one** calendar year of training before the date of certification examination. It is certified that the candidate's character and conduct is good.

I am a Diplomate/Charter Member (Registration No. _____) of Indian College of Veterinary Pathologists.

Place

Signature

Date

Name

*(*An email from the supervisor recommending the candidature of the applicant as per the format may be attached)*

-
- The examination fee includes working lunch and inter-session tea. It does not cover boarding-lodging and travel expenses.
 - The Examination fee of Rs. 10,000/- should be paid online in the account of Treasurer, ICVP.
 - Completed application with supporting documents and online transaction slip should reach to the Registrar, ICVP as an email attachment till the prescribed closing date i.e. **28th February 2022** followed by the original application mailed via speed post at the address: Dr. Amarjit Singh, Comptroller, GADVASU, Ludhiana – 141004, Punjab.
 - Mailing E-mail Id: secretaryicvp@gmail.com
 - For any clarification, please contact:
 - Secretary of the college: **Dr. N. Pazhanivel** (drnpvel@gmail.com)
 - Registrar of the college: **Dr. Amarjit Singh** (amarjitsingh64@gmail.com)