

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 <u>LEFT OUT PART</u> of Board Certification Examination of the Indian College of Veterinary Pathologists

(Application must be sent as an email attachment latest by 28.02.2022)

1. Name of the Candida	ite: Surnan	ne	Forename	Middle name		
2. Address for commun	ication					
Postal ac	ddress, line 1:					
Postal ac	ddress, line 2:					
Name of	the place :					
	e (compulsory)	:				
State	:					
Telephone numl	per (Office) :					
Telephone numl						
-						
Cell/mobile pho	me No (ii aliy)	•				
E-mail id	:					
Alternate e-mail	l id :					
2. Age and Date of Birt	h :	years	:c	ld/yy		
3. Sex	: M	ale/Female				
4. Name(s) of the left of	ut part(s) of the	Certification	Examination he	eld in the Year		
i).					
•	:\					
1	i).					
i	ii).					
5. Details of examination	on fee remitted*	online:				
Amount	Rs 5,000/-		Date			
Online			Name of the b	oank		
transaction ID						
*Bank Details f	for online payme	nt:				
Name of th	e beneficiary:	rer, ICVP				
Name of the bank: State			ank of India			
Branch Name: CAR			Branch, Bareilly,	UP		
Account Number: 30			732941			
IFSC:		SBIN0	SBIN0007027			

Declaration by the candidate

		rish to appear for the Left out part of the Board Certification Examination announced by the lian College of Veterinary Pathology and scheduled for 10 th and 11 th September 2022 at gpur								
	This application	on is in contin	uation of the one sub	mitted for main examination in	the year					
	I shall obey the	I shall obey the rules and regulation of the College, if a Diplomate status is awarded to me.								
	The details sub	The details submitted in this application are true to the best of my knowledge and belief								
Place	e			Signature						
Date	;			Name						
• N	-	ecretaryicvp@ga, please contact: college: Dr. N.	gmail.com							
	ICVP Office use Registration No.	only								
		Receipt of application	Verification and recommendation by Registrar/Secretary	Approval by the Executive Committee						
	Date		registrat/becretary							
	Name/signature									