



# 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 LEFT OUT PART of Board Certification Examination of the Indian College of Veterinary Pathologists

**(Application must be sent as an email attachment latest by 28.02.2023)**

1. Name of the Candidate:      Surname                      Forename                      Middle name

2. Address for communication

Postal address, line 1 :

Postal address, line 2 :

Name of the place :

PIN code (compulsory) :

State :

Telephone number (Office) :

Telephone number (Residence) :

Cell/mobile phone No (if any) :

E-mail id :

Alternate e-mail id :

2. Age and Date of Birth : \_\_\_\_\_ years : \_\_\_\_dd/ \_\_\_\_mm/ \_\_\_\_yy

3. Sex : Male/Female

4. Name(s) of the left out part(s) of the Certification Examination held in the Year .....

i).

ii).

iii).

5. Details of examination fee remitted\* online:

Amount	Rs 5,000/-
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

- ☐ I wish to appear for the Left out part of the Board Certification Examination announced by the Indian College of Veterinary Pathology and scheduled for **9<sup>th</sup> and 10<sup>th</sup> September 2023** at Nagpur
- ☐ This application is in continuation of the one submitted for main examination in the year .....
- ☐ I shall obey the rules and regulation of the College, if a Diplomate status is awarded to me.
- ☐ The details submitted in this application are true to the best of my knowledge and belief

Place

Signature

Date

Name

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- The examination fee includes working lunch and inter-session tea. It does not cover boarding-lodging and travel expenses.
  - The Examination fee of Rs. 5000/- 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. **28<sup>th</sup> February 2023** followed by the original application mailed via speed post at the address: **Dr. N.Pazhanivel, Professor, Department of Veterinary Pathology, Madras Veterinary College, Chennai-600 007.**
  - Mailing E-mail Id: [secretaryicvp@gmail.com](mailto:secretaryicvp@gmail.com)
  - For any clarification, please contact:
    - Registrar of the college : **Dr. N. Pazhanivel** ([drnpvel@gmail.com](mailto:drnpvel@gmail.com))
    - Secretary of the college : **Dr. RVS.Pawaiya** ([rvspawaiya@gmail.com](mailto:rvspawaiya@gmail.com))
  - President of the college: **Dr. Vyas Shingatgeri** ([vstoxpath@gmail.com](mailto:vstoxpath@gmail.com))

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ICVP Office use only

Registration No.

	Receipt of application	Verification and recommendation by Registrar/Secretary	Approval by the Executive Committee
Date			
Name/signature			