



INSTITUTE OF PALLIATIVE CARE

OLD DIST HOSPITAL BUILDING, THRISSUR 680 001

A collaborating centre of Institute of Palliative Medicine WHO Demonstration Project,
Medical College, Calicut and a recognized Training centre for Arogya Keralam,
Palliative Care Project, Govt. of Kerala.

BASIC CERTIFICATE COURSE IN PALLIATIVE MEDICINE (BCCPM)

APPLICATION FORM

1 Name
(in Block letters)

2 Relevant
Qualifications
(with year)

Photo

3 Address for
Correspondence

PIN.....

4 Mobile:

5. Work Phone

6 Email ID

7 Give details of any
previous palliative
care education /
experience

8 Give details of nearest
palliative care facility,
you know of.

9 How will you
implement the
knowledge gained on
this course?

- a) Do you have any preference for the time of the course? Yes / No
b) If yes, write the year and choice of the batch

10

Year	Jan- Feb	Mar- April	May -June	July- Aug	Sept-Oct	Nov-Dec

Encl: Self attested copy of MBBS/BDS and Registration certificates

Date:

Place:

.....
Applicant's signature

For office use only

Reference No