



## Application Form

### Post Doctoral Certificate Course in Pain Management

Department of Anaesthesiology, Pain and Perioperative Medicine  
Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi 110060

PLEASE FILL IN CAPITAL LETTERS ONLY

Name ..... Date of Birth .....

Institute / Designation: .....

Qualification .....

Postal Address .....

..... State..... Pin code.....

Phone (Off / Res)..... Mobile .....

E-mail.....

#### Educational Qualification

S. No.	Qualification	Year of passing	University

#### Payment Details

D.D no..... Bank .....

Amount Rs..... in words .....

DD of Rs 50,000/- to be made in favour of "Sir Ganga Ram Hospital," payable at New Delhi.

I hereby declare that the particulars provided in the application form are correct and I shall adhere to all the rules and regulations of Sir Ganga Ram Hospital.

Date..... Signature.....

#### Instructions

- Please fill the application form completely and furnish all details required therein.
- Enclose attested copies of relevant certificates along with two passport size photographs.
- Candidate to arrange own accommodation during the course.