

A P P L I C A T I O N F O R M

Bruce Davis Gold Medal in Palliative Medicine

To be submitted with completed screening test questionnaire (Photocopies of the form can also be used)

Name of Candidate:

Postal address:

.....

Telephone Number:

Email:

Date of birth:

Date of completion of MBBS course:

Name and address of Medical College in which
the candidate completed the MBBS course } :

Date of the last theory paper if the candidate
has appeared for the final MBBS examination } :

Expected dates of final MBBS theory examination if the
candidate has not yet appeared for the final examination } :

Date:

Place:

Signature of the candidate

CERTIFICATE

Certified that Dr / Mr / Ms..... from

.....Medical College has appeared for / is expected to appear

for his / her final year MBBS examination during.....

Date:

Place:

Office Seal

Signature
(Principal)