

Application for registration as a Trainee for the board certification examination of

**Indian College of Laboratory Animal Medicine** (ICLAM)

www.iclam.in

1. Name :
2. Designation at work, :
3. Name/ Address of the Lab/ Office/ Dept. :

1. Website address of Lab/ Office/ Dept., if any:
2. Residential address :
3. Email address , Mobile no. :

1. Date of Birth :
2. Academic Qualifications (Most recent qualification first):

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| --- | --- | --- | --- | --- |
| **Sr. no.** | **Degree / Certificate** | **Subject/s** | **Year** | **University/ Institution, Country** |
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1. Details of State Veterinary Council/ VCI registration: Enclose a copy of the registration.

|  |  |
| --- | --- |
| **Name and address of the State Veterinary Council** |  |
| **Registration number with the State Veterinary Council** |  |
| **Date of last renewal** |  |
| **Date of next renewal** |  |

1. Professional Experience (Most recent experience first and attach a short CV):

|  |  |  |  |
| --- | --- | --- | --- |
| **Month and Year** | **Title/ Designation** | **Organization** | **Job Description** |
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1. Experience as laboratory animal veterinarian (please attach proof):

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| --- | --- | --- | --- |
| **Sr. no.** | **Duration****(Date, Month and Year)** | **Nature of Work/ Specialization** | **Organization, Country** |
|  |  |  |  |
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1. **Publication list (Most current first-author publication first followed by other publications. Candidates may mention minimum required publications only. Complete list of publications is not required and may be included in a short CV. The minimum requirement is three publications, of which two must be the first author):**

REFEREED/ NAAS RATED JOURNAL PUBLICATIONS (related to laboratory animal science field)-

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. no.** | **Name/s** | **Title of publication** | **Journal/ volume/ page/ year****(Start with most recent publication)****Please provide PubMed Index ID (PMID) and/ or website link (MUST)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

1. Name and address of **Major** Supervisor: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
2. Name and address of **Minor** Supervisor: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
3. Name and address of the Institution/s where training would be completed: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
4. Transaction details of training fees paid: -----------------------------------------------------

**(Training and examination fees of Rs. 1500/- is applicable for one-year training duration.)**

**Details of Bank account for the transfer of Training fees.**

* **Secured third party payment link will be shared with the selected candidates for the online payments.**

**Declaration by the candidate**

1. I wish to register as a Trainee for the Diploma Examination announced by the Indian College of Laboratory Animal Medicine (ICLAM) by- (tick mark whichever is applicable).

A. Standard Experience Route

B. Residency Route\*

1. I shall abide by all the prevailing rules and regulations of the ICLAM.
2. The information furnished in this application is true to the best of my knowledge and belief.
3. I understand that my candidature as a Trainee may be cancelled at any stage if the information provided in this application is found to be incorrect.

Place: Signature

Date: Name

Approval of the Diplomate ICLAM to act as a Major and Minor Supervisor may be obtained before applying. Copy of acceptance needs to be attached with the application.

\* Residency route- applicable when the Candidate and Major Supervisor are in the same organization/ in the same city.

Details of RDD, Training & Experience requirements and a list of Supervisors can be viewed at <https://iclam.in/certi-rdd.php>, <https://iclam.in/certi-ter.php> and <https://iclam.in/admsn-announcements.php> , respectively.

**Please E-mail duly signed and scanned copy of the application and approval of the Supervisor/s with brief CV covering major publications, participation in conferences, hosting workshops/ conferences, and other achievements to** the Secretary, ICLAM secretarylasaindia@gmail.com