

IACTS CERTIFYING EXAMINATION FOR CARDIO-SURGICAL PHYSICIAN ASSISTANTS

APPLICATION FORM

NAME :

AGE :

SEX:

ADDRESS:

MOBILE NO:

EMAIL:

WORK EXPERIENCE:

DD DETAILS

(Rs.1,000/- in favour of “**Secretary IACTS Contingency Fund**”)

ENCLOSED LIST

1. Bachelor degree University certificate
2. Letter of recommendation
3. Curriculum Vitae