## **THE INDIAN BOARD OF SLEEP MEDICINE**

(Under Indian Society for Sleep Research)

**Sleep Technician Certification Examination 2019**

APPLICATION FORM

**Date of Examination: April 14, 2019**

Application Fee : Rs. 7500/-

Last date of Application : **March 25, 2019**

Application should reach : Dr. H.N. Mallick, Professor, Department of Physiology

All India Institute of Medical Sciences, New Delhi-110029

**1. Name of the applicant (Block Letters):**

(First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Middle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth : ----------------------------------------------------

3. **Qualification/ Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Board/University  passed from | Year of passing | Please attach self  attested copy of the  certificate |
|  |  |  |  |
| Experience | Sleep Clinic/Institute | Duration | Certification by mentor |
|  |  |  |  |
|  | PSG | MSLT |
| Number |  |  |  |

5. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: Email:

\*An examination fee of Rs. **7500.00** is required. It can be sent either by Demand Draft (in favour of Indian Society for Sleep Research payable to New Delhi) or by NEFT to Indian Society for Sleep Research A/C No. 10874588162, at State Bank of India, Ansari Nagar, New Delhi. IFSC code: SBIN0001536.

(Please refer our website **www.issr.in** for details on Sleep Technician Certification Examination)

**Date: Signature of the applicant**