Entry Form for “Post Graduate Medicine Quiz for Osler Cup”, American College of Physicians (ACP)

Name of the Resident doctor:
Year of entry in MD:
Name of College:
Email: Contact number:
ACP number:

The residents selected in the preliminary rounds will appear in final rounds in December 2021. The candidates finally selected will be representing the India Chapter of ACP in the Osler cup Doctors Dilemma Quiz to be held in the ACP conference in the United States of America. The travelling, stay and other expenses for these candidates will be taken care by the ACP, India chapter.

Candidate’s consent:

In case I am selected in the final round, I am ready to go to USA for the International Quiz “Doctor’s Dilemma” 2022.

Signature of the Resident Date:

HOD permission letter

As the Head of the Department of Medicine of ______________________________ I give permission to ______________________________ to participate in the Post Graduate Medicine Quiz conducted by ACP. In case he is selected in the Final round, he will be permitted leave to represent India Chapter of ACP in the “Osler cup Doctors Dilemma Quiz” to be held in the ACP conference in the United States of America.

Signature of the Head of Department of Medicine with stamp