



BDIAP Bursary Application:

XXXV International Congress of the IAP, 27-31 October 2024

Verification Form

Clinical Lead / Head of Department / Laboratory Manager / Line Manager

NAME OF APPLICANT: _____

I confirm that the above-named applicant is a trainee/allied scientist working in my department and verify their bursary application for the XXXV Congress of the International Academy of Pathology, IAP2024.

Signature

Print Name

Trust/Institute

Date

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