

www.bdiap.org

BDIAP Meeting Bursary Application: BDIAP (joint with BAUP) Symposium on Urological Pathology 2021

Verification Form Clinical Lead/Head of Department

NAME OF APPLI	CANT:			
PRESENT POST:				
INSTITUTE:		_		
INSTRUCTIONS 1	TO APPLICANT	ī		
Please pass this	form to your C	Clinical Lead / Hea	ad of Departme	ent to complete with the
request that the	y should emai	l a signed, PDF co	py to Nabila Ja	ımaluddin İ
nabila.jamaluddi	n@bdiap.org			
TO CLINICAL LEA	AD / HEAD OF	DEPARTMENT		
The above-name	ed applicant ha	as applied for a B	DIAP bursary to	o attend the BDIAP (joint with
	_	• .	ng place on 5-6	6 November 2021. Please sig
below to verify t	he application	ı .		
			_	in my department and verify
Pathology.	olication for th	ie BDIAP (Joint Wi	ith BAUP) Symp	posium on Urological
Patriology.				
Signature				
_				
Print Name				
Institute				
Date	President: Treasurer:	Professor Andrew Nicholson Professor Simon Cross	Meetings Secretary: International Secretary:	
	Divisional Editor:		Education & Divisional Manager:	Miss Sam Kiely