



BOARD OF CARDIOVASCULAR PERFUSION - INDIA

REQUEST FOR GOOD STANDING CERTIFICATE

I, the undersigned, hold a current and valid CCP certificate from BCP-I. I request you to issue a Good Standing Certificate in my favour.

BCP-I Certificate No: _____ VALID UP TO: (MM/YYYY) _____

Name of the Perfusionist: _____
(FULL NAME IN CAPITAL LETTERS AS IT APPEARS IN THE CERTIFICATE)

Tele: _____ Email Address: _____

DETAILS OF CURRENT JOB:

Designation: _____

Name and Address of the Hospital:

Working since: (MM/YYYY) _____

Reason why you need the Good Standing Certificate:

Full Address where you want the certificate to be sent (with city, state, pin code and country)

I solemnly affirm that there are no disciplinary proceedings against me and no adverse remarks in my appraisal. The above information is true.

Signature: _____ Date: _____

Please email the filled out and signed form along with a copy of your BCP-I Certificate to secretary.bcpi@gmail.com For any clarification, either email or call +91-9821280011