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APPLICATION FORM

“Short Term Training in Tropical and Infectious Disease” B.P. Koirala Institute of Health Sciences Dharan, Nepal

1.
(SURNAME) (FIRST NAME) (MIDDLE NAME)

2. DATE OF BIRTH/...../.....
Month Day Year

3. GENDER: Male; Female

4. PERMANENT ADDRESS: _____

Telephone No.:/.....
Area code Telephone no.

Mobile No. :

5. CURRENT MAILING ADDRESS OF
CURRENT INSTITUTION / NGO / OTHERS:
Apt. number # and street

...../...../.....
Town/City District Zone

Tel. no.:/.....
Area code Daytime Tel. no. Area code Evening Tel. no.

6. EDUCATIONAL BACKGROUND:
Please list all colleges and universities attended in chronological order (most recent first)

College/University	City/Country	Dates Attended	Degree/Date Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please list in chronological order of your work history in the past 3 years.

Institution	Position / Type of work	Inclusive Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Please write a motivation letter. (Please enclosed with the application)

9. Publication if any (with dates):

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10. Name and address of two referees:

_____	_____
_____	_____
_____	_____

11. If you are selected but scholarship not available, would you still like to enroll for the training?

Yes No

12. Please indicate how you will pay for the tuition and other cost:

Self supporting

Others; please specify

I agree to provide certification when the programme is offered and certify the above information is accurate and true. I agree to the terms and conditions stated in this application.

Signature:

Date:

Submit the complete application before 16th April 2011 to : Educational Networking Project
 B.P. Koirala Institute of Health Sciences
 Dharan, Nepal.
 Ph: +977 25 525555 (Ext.-2158)
 Fax: +977 25 531253
 E-mail: edu.networking@gmail.com