37TH TRAINING PROGRMME ON THE USE AND MAINTENANCE OF COMMON MEDICAL INSTRUMENTS

14-19 November 2009

APPLICATION FORM

Name of the applicant :

Date of birth :

Academic qualification :

Institute/Organization with address :

Tel. /Cell # (if any) :

Designation :

Any previous training, If yes, please specify :

Date: **Signature of the applicant**

Recommendation from the Head of Institution / Organization.

Date:

Signature :

Name :

Designation :

Seal