<table>
<thead>
<tr>
<th>APPLICATION FORM FOR SHORT TERM TRAINING COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia Region Training Program for MODS, NRA and CRI</td>
</tr>
<tr>
<td>Division of Clinical Microbiology, Department of Laboratory Medicine,</td>
</tr>
<tr>
<td>All India Institute of Medical Sciences, New Delhi-110029, India</td>
</tr>
</tbody>
</table>

**Title:**
- Mr. 
- Ms. 
- Mrs. 
- Dr. 
- Prof. 

**Name:**

**Middle Name:**

**Last Name:**

**Gender:** Male [ ] Female [ ]

**Organization:**

**Job title:**

*For eligibility: Please see the terms & conditions.*

**Contact address:**

**E-mail:**

**Phone/ Mobile No:**

**Nationality:**

**Qualifications:**
- B.Sc. [ ]
- M.Sc. [ ]
- M.D. [ ]
- BS/MD [ ]
- Other [ ]

**Accommodation:**
- Required [ ]
- Not Required [ ]

**Mode of Payment (tick one):**
- Bank Draft [ ]
- Online transfer [ ]

**Fee Structure:** Please tick (✔) one.

*For Indian Nationals:*
- With accommodation- Rs. 25000.00 [ ]
- Without accommodation- Rs. 20000.00 [ ]

*For Foreign Nationals:*
- With accommodation- US $500.00 [ ]
- Without accommodation- US $400.00 [ ]

*Kindly fill-in your payment details here:* (It is advisable to upload the scanned copies of the payment document)

**Bank Draft:**
- Amount............................Date .............
- Draft Detail..........................................................%

**Online Transfer:**
- Amount............................Date..............
- Transfer Details..........................................................
<table>
<thead>
<tr>
<th>Question</th>
<th>Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you find about the training?</td>
<td>(Restrict to 100 words)</td>
</tr>
<tr>
<td>Describe your duty and job description:</td>
<td>(Restrict to 300 words)</td>
</tr>
<tr>
<td>How will this training help you?</td>
<td>(Restrict to 300 words)</td>
</tr>
</tbody>
</table>

**Full Name of Applicant**

**Date**                                **Signature**
Remarks and Recommendations of the Host Organization/ Government/ Embassy/ FIND/ STOP-TB/ WHO/ any other Organization: (Please state clearly the strong and weak points about applicant and how this training will be useful for your organization/country)

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.........................................................................................................................................................

Date........... Signature.....................................................
Place........... Name of Forwarding Authority.........................

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Terms and conditions:

1. Eligibility-
   a) The participants applying for the course should possess laboratory experience preferably in TB laboratory. In case of Graduates 4-5 years, Post Graduates and MBBS (qualified candidate) 2 yearsand PhD and MD 0-1 year research experience is required.
   b) Participants are required to attach the experience certificate and reference letter from their respective institute/organization along with their application forms.

2. The mode of instruction during training will remain as English.

3a. The training fee entitles the trainee to participate in teaching and practical classes on all days, reading and writing material and course certificate after successful completion of training.

3b. The trainees will also be served working lunch and evening tea on working days only.

4. How to make payment? (Bank details for Payment)

Bank Draft – Drawn in the Favor of “Scheme Fund, AIIMS”

Online Transfer
Account Name: Scheme Fund, AIIMS
Account No.: 10874584214
Bank Name: State Bank of India, Ansari Nagar Branch, New Delhi
SWIFT Code No.: SBININBB545
IFS Code No.: SBIN0001536

5. Where to send the application?
Send completed application with all supporting documents and proof of payment to:

Postal address: Prof. Sarman Singh
Course Director; Asia Regional Training Program (ARTP)
Head, Division of Clinical Microbiology
All India Institute of Medical Sciences
New Delhi -110029, India.
Phone No. (91-11) 26588484

E-mail: sarman_singh@gmail.com