



APPLICATION FORM

PERSONAL & CONTACT INFORMATION

1. Name :
2. Address for correspondence :
.....
.....
.....
3. Other contact details :
Telephone (Resi) :
Office :
Mobile :
E-mail ID :

EDUCATIONAL & TRAINING

4. Medical College
5. Date & year of completion of Internship / Housesurgency :
.....
6. Registration authority & registration No.
.....
7. Date of full registration :
.....

ELIGIBILITY

Persons who has 5 years of experience in General Practice after completing compulsory rotatory internship / house surgency may apply for the course.

DETAILS OF CLINICAL EXPERIENCE IN CHRONOLOGICAL ORDER : (Certificates Not Required)

.....
.....

CURRENT PRACTICE & WORKING HOURS

.....

FREE HOURS (MORNING/ AFTERNOON/ EVENING)

- Half Sunday
- Half Saturday
- Both days

PAYMENT OF FEE

- One time payment
- 2 installments 1) Oct. 2009 2) May 2010
- Cash
- Cheque
- DD

ATTACH THE FOLLOWING

- Photo copy of qualification & registration documents
- Passport size photograph (to be pasted on the form)
- Cheque / Demand Draft

Cheque/DD No. : Date :

Name of Bank :

NOTE :

- Fees can be paid in cash, Cheque or DD drawn in favor of "Executive Director, MITSOT" payable at Pune.
- Candidates who will complete the eligibility criteria by 30th October 2009 may also apply.
- Please mention "Application for MITSHS Training Course" on the Envelope
- The application should reach Course Coordinator, MIT School of Health Science, 1st floor, Saint Dnyaneshwar WPC Building, S. No. 124, Paud Road, Kothrud, Pune - 411 038, India. latest by 1st Oct. 2009, 5.00 pm.

DECLARATION

I here by declare that the particulars furnished above are complete and true and I shall abide by the rules and regulations of the Academy.

Place :

Date :

Signature

| |
|----------------------------|
| FOR OFFICE USE ONLY |
|----------------------------|