 SAVITRIBAI PHULE PUNE UNIVERSITY

 SCHOOL OF HEALTH SCIENCES

 APPLICATION FORM

**2nd FIELDCOURSE ON PUBLIC HEALTH IN INDIA**

2rd to 28th JULY 2018

Thank you for your interest in participating in the 2nd Field Course on Public Health in India. Please fill this application as your expression of interest, please attach a letter of support as explained below, and do send it back to dranitakar@gmail.com

Selected students will be informed by 17th of Februrary,2018, and will have to complete registration by March 1, 2018.

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| **About yourself**  |  |
| 1. 1. Name
 |  |
| 2.Nationality  |  |
| 3.Passport number /validity /country of issue |  |
| 4. Date of birth |  |
| 5. Contact detailsEmail |  |
| **Your academic backgroud** |
| 6. Name of University where you are registered for study with full address |  |
| 7. Name of course. Specializations (if any) |  |
| 8. Level of degree that you are currently registered for (MD/PhD/Masters/under-graduate) |  |
| 9. Previous degree (please specify undergraduate field of study) |  |
| 10. How would you grade your English proficiency (good, workable ?)  |  |
| **Your interest in the field course**  |
| 11.a Prior history of residence /visit to a developing country (If yes, please specify)b.Please state the purpose of your visit |  |
| 12. Please describe any community-based studies that you may have conducted in a developing country setting or in your own country |  |
| 13. Do you have any special area of interest ? |  |
| 14. In a few sentences please explain why you would like to attend this field course , that is what are your learning expectations form this course.  |
| **Academic referebce****Please include one letter of support from a faculty/coordinator/supervisor of the current /recent academic programme that you are/have been enrolled in.** |
| Signature with date |  |
| Kindly mail this form back to Dr Kar dranitakar@gmail.com |