



**APPLICATION FORM FOR SHORT TERM TRAINING COURSE  
Asia Region Training Program for MODS, NRA and CRI**

**Division of Clinical Microbiology, Department of Laboratory Medicine,  
All India Institute of Medical Sciences, New Delhi-110029, India**

**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.  PhD  MBBS/MD  Others

**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.....

How did you find about the training: (Restrict to 100 words)

Describe your duty and job description: (Restrict to 300 words)

How will this training help you? (Restrict to 300 words)

**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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Seal.....

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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 years and 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**”

<b>Online Transfer</b>	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](mailto:sarman_singh@gmail.com)