

Format of application form for the course:

Department of Epidemiology
All India Institute of Hygiene & Public Health
110.Chittaranjan Avenue; Kolkata - 700 073
*Training course on **Essentials of Research Protocol Writing***
 July 22-24, 2025
APPLICATION FORM

NAME:				Recent Passport size photograph
AGE: (DOB)				
POSITION/ DESIGNATION :				
GENDER:	M		F	
Background (Mark ONE Only): Please put (✓) mark	Medical	Nursing	Dental	Other
QUALIFICATIONS: Please put (✓) mark	MBBS/BDS/ BHMS/BAMS	Postgraduation	Pursuing Yes No (if yes, Mention year of entry)	
	B Sc (Nursing/Home Science, Microbiology, Nutrition)	MD/MS/MDS		
		MPH		
		MSc (Nursing/Home Science, Microbiology, Nutrition)		
ORGANISATION:/ INSTITUTION				
ADDRESS: Mobile No. Email :				

PHONE:		MOBILE	
EMAIL:			
ACCOMMODATION REQUIRED:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
VEG/NON VEG			

Last date for receiving the application by the: May 30th 2026