



**APPLICATION FORM**  
**Clinical Short Course / Fellowship Training Program**

RECENT  
PHOTO

Name .....

Date of Birth ..... Gender ☐ Female ☐ Male

Nationality ..... Passport Number .....

Tel. .... E-mail .....

Mailing Address .....

Home Institution .....

**Current Practice / Job**

☐ Medical Student – Year .....

☐ Resident – Year .....

☐ Fellow – Year .....

☐ Physician (Branch of Medical Practice .....

☐ Graduate Student ( ☐ Master's Degree ☐ PhD )

☐ Other .....

**Training Information**

Area of Interest / Preference Department

1. .... 2. .... 3. ....

Length of Training .....years .....months .....weeks .....days

Duration from ..... to ..... Year .....

**Supporting Information**

Does your institution have MOU with Faculty of Medicine, CMU or CMU? ☐ Yes ☐ No

Do you receive any funding support?

☐ Yes, I do Funding Information

Funding Agency .....

Country .....

Item(s) of support (all applicable)

☐ Tuition fee ☐ Tickets ☐ Accommodation  
☐ Money allowance ☐ Health insurance ☐ Others (specify) .....

☐ No, I do not

☐ Will be applied after acceptance

Health Insurance Document (for an amount at least 100,000.- USD) ☐ Yes ☐ No

\*I consent to you using a copy of my passport to get CMU free WIFI ☐ Yes ☐ No

**Contact Person in Case of Emergency**

Name ..... Relationship .....

Tel. .... E-mail .....

Signature .....

**Please note: This Application Form should be included with all the other documentation requested.**