



Work Experience : (In chronological order from the year of qualification. Use the remarks column to indicate (I) if you did general practice or specialized practice like paediatrics, gynaecology; (ii) if you have inpatient facilities in your Government clinic/nursing home and (iii) your current position) Use additional sheets if the space provided is inadequate.

From		Institution	Remarks
From	To		

Address and details of institution / clinic / hospital where you are presently working :


What do you hope to gain from the DFID Programme? (Not more than 4 sentences)

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Do you have access to the following resources?

(I) A personal computer with word-processing and CD-ROM  Y  N

(ii) Internet access through your computer  Y  N

(iii) How often do you perform the activities mentioned on your computer? (Tick appropriate box)

Activity	Nearly Every Day	Once a Week	Only Occasionally (e.g. once a month)	Never
Type MS Word Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut and paste text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Browsing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending e-mail messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending attachments with e-mails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Particulars	Name of the Bank :		
DD No.:	Date:	Amount: Rs.	

**DECLARATION**

All the information given above is complete and accurate. I declare that the Dept. of Distance Education is entitled to cancel my candidature immediately, should it become apparent that any of the particulars furnished above in this application form is/are false or incorrect. I have read the course regulations and promise to abide by them.

Date : \_\_\_\_\_

Signature of the Applicant : \_\_\_\_\_

- Enclosures:**
- Demand Draft for Rs. 250/- drawn in favour of "CMC Vellore Association" payable at Vellore
  - Copy of MBBS Certificate and other degrees certificates