

REGISTRATION APPLICATION FORM – H.E.L.P. COURSE

New Delhi, 29th October- 8th November 2015

Personal Information

*Salutation

*First Name

*Last Name

*Sex

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Male

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Female

*Date of Birth

Paste
(not Staple)
your latest
passport size
colour
photograph

*Employer

*Nationality

Phone

*Mobile phone

Address

Zip Code

*Email address

City

*Country

Administrative Details

Sponsored

Yes

☐

No

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*Who is paying for your training?

For sponsored participants:

We will send an invoice to you or your sponsor. This invoice can be sent by e-mail.

Sponsor:

Payment by

Please indicate the postal or electronic address where we can send the invoice:

Course Fee Detail

Date of Transaction

Receipt No./Id No.

Background experience and motivation

Academic background (in reverse chronological order)

S. No.	Degree/ Training	Year Passing

Professional experience

S. No.	Organization	Post Held	Year

Describe previous job experience relevant to the course, start with most recent

Describe one field experience which shows best the type of activities you have been involved in

Reasons for attending the course

Explain what you expect from the course in relation to your future work is a Information

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Required Documents

Check List of attachments with this application form (Please ✓ Tick)

1. Passport Size Photograph

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2. Cover letter

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3. Curriculum vitae

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4. 2 letters of recommendation.

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5. Experience Certificate

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6. Any Additional Certificate / Publication

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Account Detail:

Account Name : Public Health Foundation of Inida
Account No. : 05861110000013
Bank Name : HDFC Bank
Bank Branch : H-7, Green Park Extention, New Delhi-110016
IFSC Code : HDFC0000586

For Further information regaring H.E.L.P Course, visit the website: www.phfi.org, www.icrc.org

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