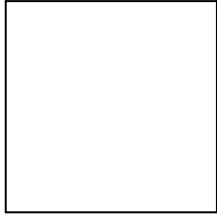


ICR GROUP OF ORGANISATIONS
DR M. L. DHAWALE MEMORIAL TRUST & DR M. L. DHAWALE MEMORIAL INSTITUTE
Correspondence address – BMC’s holistic Mother & child care center, Harishankar Joshi Marg, Dahisar
(E), Mumbai, 400068
Tel: 022 – 28961661, 30924965
Email: mldtoff@mtnl.net.in, arkapse@gmail.com Website: www.mldtrust.org

Orientation Program in Standardized Homoeopathic Practice 2009
&
Intensive course in Standardized Homoeopathic Practice 2009

APPLICATION FORM

A: BIO-DATA



Passport size photograph

NAME

(Surname)

(Name)

(Father’s Name)

COURSE APPLIED FOR

1. Orientation Program in Standardized Homoeopathic Practice 2009
2. Intensive course in Standardized Homoeopathic Practice 2009
3. Both

ADDRESS: RESIDENCE

PHONE _____

E-MAIL _____

DATE OF BIRTH _____ **AGE** _____ **SEX: M / F** **RELIGION** _____

MARITAL STATUS _____

EDUCATION _____ **OCCUPATION** _____

HABITS: Veg. / Non-Veg. / Eggs / Alcohol / Tobacco / Others (Specify)

FATHER: Living: Age: _____ / Died (State when and the cause) _____

Occupation _____

MOTHER: Living: Age: _____ / Died (State when and the cause) _____

Occupation _____

SPOUSE: Name _____ Age _____ Education _____

Occupation _____ Health _____

SIBLINGS

No.	Name	Age	Education	Occupation	Health

CHILDREN

No.	Name	Age	Education	Occupation	Health

LANGUAGES KNOWN: Mother Tongue _____ Other Languages _____

LANGUAGE	COMPREHEND	SPEAK	READ	WRITE
1				
2				
3				
4				

EDUCATION: Age of passing school exams _____ Grade _____

Post-Schooling Experience _____

University Education _____

NATURE OF MEDICAL/HOMOEOPATHIC TRAINING (Give details of the subjects studied, clinical exposure, number of years spent in the respective years/subjects and the nature of the Assessment practised by the University/Board)

Educational failures so far (Give details and the reasons for the same)

HOMOEOPATHY

Interest since and the how and why of it _____

Experience of receiving homoeopathic treatment _____

Experience of homoeopathic practice_____

Experience of Teaching Homoeopathy_____

Describe the level of satisfaction experienced with the state of your Knowledge, Skills, Practice (Attach 2 treated cases acute/chronic)

Describe the Difficulties / Dissatisfaction experienced in detail

Describe the nature of Continued Medical Educational (CME) activities that you attend & your role in it

Reasons for joining the intensive program

HOBBIES (Specify activity undertaken)

SOCIO-CULTURAL ACTIVITIES (Give a description and nature) _____

HEALTH PROBLEMS: PREVIOUS_____

LAST 2 YEARS_____

GENERAL COMMENTS_____