

APPLICATION FORM FOR RE-ORIENTATION TRAINING PROGRAMME

To
The Principal,
Dr. M. L. Dhawale Memorial Homoeopathic Institute,
BMC's Holistic Mother and Child Care Centre,
Harishankar Joshi Marg, Dahisar (East),
Mumbai, 400068.



Sir,
Please enroll my name for Re-orientation Training Programme in community Medicine

(Fill in Block letters)

Name: _____
(Surname) (Name) (Father's/Husband's name)

Age: _____ Sex: _____

Qualifications: _____ Board/University: _____

Year of Passing: _____

Correspondence Address: _____

Address of College / Hospital / Dispensary: _____

Telephone no. with STD code: Res. _____ College: _____

Mobile: _____ Email- _____

Designation: _____

Experience: (a) Teaching _____ Years Department _____

(b) Professional _____ Years (c) Research Experience _____ (Years)

Please attach a separate sheet detailing the nature of Research undertaken.

Whether previously attended any Re-orientation programme? Yes / No

If Yes, when and where _____

Expectation from this programme _____

Date: _____

Signature of the Applicant

RECOMMENDATION

Application of Dr. _____ working in the
Department of _____ as _____
since _____ is recommended for undergoing the Re-orientation
programme at your institute. The details furnished by the applicant are true to the best of my
knowledge and as per the college records / office records.

Date: _____

Name of the principal / Superintended / Head of the Hospital or Dispensary or DAO

Signature

Office Seal