

**PRAVARA INSTITUTE OF MEDICAL SCIENCES – DEEMED UNIVERSITY  
CENTRE FOR SOCIAL MEDICINE**

Loni – 413 736, Dist. Ahmednagar, Maharashtra, India



**Elective Training/Certificate Course in  
Social Health & Development  
2011-12**

**APPLICATION FORM FOR INTERNATIONAL STUDENTS**

Affix recent  
photograph

First Name		Father/Husband's Name		Last Name	
Designation		Date of Birth (dd-mm-yyyy)		Sex (tick applicable)	
				Male	Female
Address			City / District		
State / Province			Country		
Phone		Fax			
Country Code	Area Code	Phone No.	Area Code	Fax No.	
Email		Mobile		Alternate Phone	

Nationality: ..... Passport No : ..... Date of Issue: .....  
Date of Expiry: ..... Place of Issue ..... *(Please attach scanned copy of Passport)*

Educational Standards already attained / currently pursuing (Type of Course, University and Country):  
*(Please attach scanned copies of the certificates supporting your academic qualifications)*

Indicate the source with complete address which would finance the persuasion of the proposed training elective / course of study at PIMS-DU, Loni, India.

Experience in the field of Medicine/Health/Social Work:

**Undertaking of the Applicant**

I, ..... have read and understood all the rules and regulations of the Elective Training / Certificate Course applied and I am confident to raise the required resources and ready to pay the prescribed fees as per the rules of the PIMS-DU, Loni, India.

Date: ..... Signature of Applicant  
Place: ..... Name: .....

**Authorization from University**

We hereby certify that ..... is a bonafied student/faculty/staff of this University/School. We have no objection for the applicant's persuasion of the said training / course at PIMS – DU, Loni, India.

Date: ..... Seal of the University  
Place: ..... Authorized Signatory of the University  
Name of the Person: .....  
Designation: .....  
Name of the University: .....