

APPLICATION FOR SHORT TERM TRAINING
NATIONAL INSTITUTE OF TUBERCULOSIS AND RESPIRATORY DISEASES
Sri Aurobindo Marg (Near Qutub Minar), New Delhi - 110030

BIO DATA

1. Name (in Block letters) _____
2. Father's Name _____
3. Date of Birth _____
4. Sex _____
5. Married/Unmarried _____
6. Husband's Name (in case Married) _____
7. Nationality _____
8. Present Address _____

9. Permanent Address _____

10. State of Domicile _____
11. Present Occupation & income _____
12. Whether belong to SC/ST/OBC _____
13. Qualification _____

Examination Passed	Name of the Institute/University	Month & year when passed	Attempts in which passed	Roll No.
1	2	3	4	5
ACADEMIC				
PROFESSIONAL				

14. Whether in Govt. or Private/ _____
15. i) Permanent Registration No: _____
 (for medical doctors)
- ii) State in which registered _____

EXPERIENCE

Post Held 1	Name of the Hospital/Institute 2	Whether the Hospital Institute College is a Govt./Private/Autonom ous Body 3	Period 4

17. Department in which short attachment is desired _____
18. Proposed duration From _____ To _____
19. Name and addresses of two referees
1. _____
- _____
2. _____
- _____
20. Contact, if any, in Delhi _____
- _____
- _____

I hereby declare that the information given above is true to the best of my knowledge and belief. If any information is found to be false. I shall be responsible for the consequences. I will deposit the fees mentioned below before start of my training:

Following fees are to be deposited in case of acceptance (To be deposited in cash/DD in favour of Director, LRS Institute of TB and Respiratory Diseases, New Delhi):

Sr. No.	Head	For Govt. Organization	For Pvt. Sector
1.	Tuition/ Training Fee	Rs. 2000/- p.m.	Rs. 4000/- p.m.
2.	Amalgamated Fund (The dues once paid are not refundable)	Rs. 200/- p.m.	Rs. 400/- p.m.
3.	Security (Refundable)	Rs. 1000/- p.m.	Rs. 2000/- p.m.

Even if the days of training are less than a month or a part of a month, that portion will be counted as a full month.

(SIGNATURE OF THE CANDIDATE)

NOTE: No accommodation will be provided by the Institute. The accommodation is to be arranged by the candidate at his/her own.

(RECOMMENDATION OF THE EMPLOYER)

Dr./Mr./Ms. _____ working/undertaking a course as _____
Adhoc/ regular/permanent since _____ is hereby sponsored for short-term training in the department of _____, LRSI, New Delhi from _____ to _____. All the dues i.e. fee etc. will be borne by the Sponsoring authority. This organization is a Govt./Private Institution.

OR

This Office has no objections, if Dr./Mr./Ms. _____ working as _____ since _____ is accepted for short term training in the department of _____ at LRSI, New Delhi from _____ to _____ the candidate himself/ herself will bear the expenses i.e. fee etc. for the short term training.

**SIGNATURE OF THE SPONSORING AUTHORITY
WITH OFFICIAL SEAL**

CONCERNED HEAD OF THE DEPARTMENT

DIRECTOR