



JODHPUR NATIONAL UNIVERSITY
Jodhpur School of public health



EPI INFO 7 TRAINING APPLICATION FORM

This application may be photocopied

I. PERSONAL DATA

Family or last name			
First name			
Middle name		Sex:	

Address

Country			City			
Street, no.				ZIP code		
Telephone	country code:		area code:		phone number:	
Fax	country code:		area code:		phone number:	
Email address						

Date of birth Month/Day/Year (e.g. Aug. 28, 1973)	
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II. Educational Background

Course	Board/University	Year of Passing	Subjects	Percentage
Graduation				
Post Graduation				
Other				

III. PROFESSIONAL EXPERIENCE

Organization Worked	Position Held	Years of Services	Prime Responsibilities

Do you have Laptop with working internet connection

YES / No

How this course will be useful in your professional carrier?

DETAILS OF PAYMENT OF APPLICATION FORM

Amount: Rs. _____ in favour of "Jodhpur National University" payable at Jodhpur . Cheque/D.D. No. _____ Dated _____ Bank & Branch _____.

General Terms & Conditions

1. Courses have minimum required attendance levels and the University reserves the right to cancel or postpone the Course if the minimum required number of Participants has not been accepted for the Course.
2. If the Course is cancelled by the University, Course Fees received by the University in respect of the Course will be refunded in full.
3. The University will not be liable for any failure or delay in the performance, in whole or part, of any of its obligations in connection with the provision of the Course arising from or attributable to acts, events, omissions or accidents beyond its reasonable control.
4. The University accepts no liability for loss or damage to the Participant's property and shall not provide any insurance cover whatsoever to the Participant.

Signature of Candidate: _____