**APPLICATION FORM**

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| --- | --- | --- |
| Full Name: | | |
| Address: | | |
| **Personal Information** | | |
| Gender: | | |
| Age: | | |
| **Contact Information** | | |
| Telephone: |  | |
| Cell Number: | Email: | |
| **Professional Information** | | |
| Profession: | | |
| Current Position: | | |
| Organisation/Institution: | | |
| Address: | | |
| Telephone: Fax: | | |
| Email: | | Website: |
| **Educational Background** | | |
|  | | |

1. Explain why you want to attend this workshop and how you expect it would contribute to your professional and personal development (200 words or less).

2. Describe your professional interests and your work. Have you worked on issues of public health, human rights and health research? (200 words or less).

3. How did you hear about this workshop on access to medicines?

4. **I confirm that I will participate in all aspects of the workshop**. [ ] (Please tick or write yes in the box)

5. Please provide any other information that you consider relevant (not exceeding 50 words).

Thank you for your interest in this workshop. Completed application forms are due on or before **25 November, 2019.** Applications received after this date will not be considered. Applicants will be informed about their acceptance by email. Send all queries to [campaign4access2medicinesindia@gmail.com](mailto:campaign4access2medicinesindia@gmail.com).

**Contact Information: Saral Kumar:** 01140521773