



THE SANKARA NETHRALAYA ACADEMY
(Unit of Medical Research Foundation)

CERTIFICATE PROGRAM ON HOSPITAL INFECTION CONTROL

Application form to be filled in block letters

APPLICANT DETAILS

Candidate Name :

Age : Gender: M / F (Please tick)

Phone No : Email ID:

Address :

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Qualification :

Designation :

Department / Unit :

Role in HIC :

Years of experience:

ORGANISATION DETAILS

Organization Name:

Address :

Phone No: Website:

Email ID: