



H M PATEL CENTRE FOR MEDICAL CARE & EDUCATION  
SHREE KRISHNA HOSPITAL, KARAMSAD - 388 325



## Certificate Course on Infection Control

### Application form

Name of the Applicant: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F

Present position: \_\_\_\_\_ Department: \_\_\_\_\_

Institute/ Hospital: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephones (with STD code): Residence: \_\_\_\_\_ Office: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email ID: \_\_\_\_\_

Educational Qualification	University	Qualifying Year

Total Experience in the profession: \_\_\_\_\_

Reasons for joining the course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation from the immediate superior or institutional head: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** Institutional/sponsored candidates would get preference. Selected candidates would be informed atleast 2weeks before starting of the course, registration fees would be accepted after confirmation in the form of demand draft drawn in favour of "Charutar Arogya Mandal" Anand

#### Address for Correspondence:

Secretary, Hospital Infection Control Committee, Shree Krishna Hospital & Medical Research Centre, Karamsad 388325, Gujarat, India. For further details visit our website [www.charutarhealth.org](http://www.charutarhealth.org) or contact us at [icp@charutarhealth.org](mailto:icp@charutarhealth.org)