

**INTROM IMR WORKSHOP ON TROPICAL MEDICINE: LABORATORY IDENTIFICATION
AND DETECTION OF ZIKA VIRUS
FROM HUMAN AND MOSQUITO VECTORS
3-12 SEPTEMBER 2015, (10 Days)**

APPLICATION FORM (local participants)
(Please complete the Application Form)

Course Title:

**MTCP INTROM IMR WORKSHOP ON TROPICAL MEDICINE:
LABORATORY IDENTIFICATION AND DETECTION OF ZIKA VIRUS
FROM HUMAN AND MOSQUITO VECTORS**

Course Dates: 3-12 SEPTEMBER 2018, (10 Days)

Affix
Photo Here

Venue/Place: Advance Technology Centre (ATC) Laboratory, Institute for Medical Research (IMR), Jalan Pahang, 50588 Kuala Lumpur, Malaysia and/or Institute for Medical Research, National Institute of Health, Jalan Setia Murni U13/52, 40170 Shah Alam, Selangor.

Sponsor: MTCP and INTROM

(Please state your sponsor)

1. PERSONAL DATA

Name of Applicant:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	Nationality:	Country of birth:
Date of birth (Day...../Month...../Year.....):	Age:	Place of birth (City & Country):
Passport No:	Issued at:	Expiry Date:
Applicant Office Address:		Office Tel: Fax: E-mail:
Type of organization : Government / Semi Government Private / NGO?		

Institute for Medical Research, Jalan Pahang, 50588, Kuala Lumpur, Malaysia

Applicant Home Address:	House Tel: Fax: E-mail:
Name & Address/Tel/Fax/E-mail of Person to be Contacted in an Emergency):	
Office Address of Person to be Contacted in an Emergency):	Telephone: Fax: E-mail:
Present Position:	
Occupation:	
Sector: <input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Self-Employed	
Level of Responsibility: <input type="checkbox"/> Managerial <input type="checkbox"/> Supervisory <input type="checkbox"/> Support Staff	
Brief Description of Duties & Responsibilities:	
Percent (%) Devoted to: <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Services <input type="checkbox"/> Others (Specify)	
Educational Attainment: Certificate/Degree(s) obtained, Date obtained:	
Post Graduate / Date:	
Degree / Date:	
College / Date:	
Employment History (in chronological order from the most recent) (you may add attachments):	
Position (Dates) :	
Institution/Employer:	
Dates:	

Reasons for Applying this course and how it would benefit your Organisation (add attachment if necessary):			
Language Proficiency (Please indicate if "Excellent", "Good", or "Fair"):			
	Writing/Reading	Speaking	Both
English			
Others (Specify)			

I, hereby, declare that the answers given above are true and correct.

(Date) (Signature of Applicant)

2. OFFICIAL DECLARATION OF DEPARTMENT / MINISTRY:

I nominate :with passport number
For the training course

Name and Designation of nominating official :

Signature and official stamp:

Name of Organisation :

3. PLEASE SUBMIT THIS TO COURSE ORGANIZER :

DR. MURIZAL ZAINOL
Head of Inter Islamic Network in Tropical Medicine (INTROM)
Institute for Medical Research
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Kuala Lumpur. Malaysia
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