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| Full Name\* | |  | | | | | | | | |
| Date of Birth\* | | (mm/dd/yyyy) | | | | | | | | |
| Gender\* | | □ Male | | □ Female | | | □ Other | | | |
| Email\* | |  | | | | | Phone\* |  | | |
| Address | |  | | | | | | | | |
| City\* | |  | | | | | Country\* |  | | |
| Education level\* | |  | | | | | | | | |
| Current Occupation\* | | □ Student | | | □ Researcher | | | | □ Medical Professional | |
|  | | □ Health Worker | | | □ Activist | | | | □ Journalist | |
|  | | □ Other | | |  | | | | | |
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| NGO/CSO/Institution associated with (if any). Please provide details. | | | | | | | | | | |
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| Will you be able to do all the Course work in English?\* | | | | | | □ Yes | | | | □ No |
| Do you have access to a reliable computer/laptop/internet connection?\* | | | | | | □ Yes | | | | □ No |
| Why are you interested to attend this course?\* | | | | | | | | | | |
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| What are your expectations from this course?\* | | | | | | | | | | |
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| Are you familiar with PHM? Are you a part of PHM regional chapters, members, activities, if any? | | | | | | | | | | |
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| Have you attended any of the International Public Health University courses (IPHUs) organised by PHM/Sama in the past?\* | | | | | □ Yes | | | | □ No | |
| If yes, which IPHU?\* | |  | | | | | | | | |

Note:

• Fields marked with asterisk (\*) are required fields and must be filled

• Send this form as an email attachment to [sarojini@phmovement.org] or [deepika@phmovement.org]

• Applications are due on or before 10 October 2021

• Applications will go through a screening process and selected participants will be notified by email.

• Selected participants have to attend all the Modules. The course will involve pre-reading and assignments.