EUREKA INSTITUTE for translational medicine

INTERNATIONAL CERTIFICATE COURSE IN TRANSLATIONAL MEDICINE (ICC_TM)
REGISTRATION FORM

Salutation:

First Name:

Last Name:

Nationality:

Designation: (E.g. Director, Head of Department, etc)

Gender:

Academic Qualification: (E.g. BSc, MSc, MD, PhD, EdD, MBA)

Primary Institution & Department:

Work Address:

Office Email:

Personal Email:

Mobile Number (E.g. +65 12345678)

Specialised Area:

Research Interest Area:

Dietary Restrictions:

Important Notes:

- Other details for submission in pdf format:
  - Curriculum Vitae (CV)
  - Letter of Support from Supervisor
  - Motivation Letter (min. 500 words to a max. 900 words) - Describe what motivates to join ICC_TM
- The course will be conducted in English and fluency in the language is a prerequisite.
- Students must be committed to attend the full 7-day programme.

Declaration:

I allow Eureka Institute for Translational Medicine (Eureka) to use/send information to me related to Eureka initiatives and affirm that all information given in this registration form is true and accurate. Any false or misleading declaration shall make me liable for disqualification, or if already admitted, for expulsion from the course without any refund of fees paid. I agree to comply and abide by the decision of Eureka concerning this application.

Signature