

OMSB Application Form for Course/workshop/Conference and Elective Abroad

Full Name: OMSB number.....

Date of Birth/...../..... Male Female

Training Program..... Level

Telephone number..... E-mail

Address

Name of the Course/workshop/Conference / Elective:

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Period of the Course/workshop/Conference / elective:

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Name of Organization/ Institution:

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Country:

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Reason for the Course/workshop/Conference/ elective/details and objectives

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Resident Signature:.....

Date:.....

**Please enclose all details of the academic activity information including costs, location and period, program details (brochure), and objectives.

OMSB-TAF- FRM -001