

**International Course in
Nutrition Research Methods
Sponsored by the Bangalore Boston Nutrition Collaborative**

**St. John's Research Institute, Bangalore
January 09th – 20th, 2017**

**APPLICATION FORM
Deadline: 01st November 2016**

**Affix a
passport size
photo**

Please type or use block letters and write your full name.

- Female
 Male

Mr., Mrs., Ms., Dr. (first and other name) **(FAMILY NAME IN CAPITAL LETTERS)**

Date of birth: ___ ___ / ___ ___ / ___ ___ ___
(Day) (Month) (Year)

Present Address:

State _____ Pin _____

Permanent Address:

State _____ Pin _____

Home telephone: _____

Mobile number: _____

Email address: _____

English language proficiency:

- Poor
 Moderate
 Good
 Fluent

Co-curricular Activities/other activities if any:

Current position/job title:

Institutional affiliation and mailing address:

Business telephone: _____

Facsimile number: _____

Background Questions

1) For our records, please tell us how you heard about this course:

- Brochure from the St. John's Research Institute, Bangalore
- Website of the Bangalore Boston Nutrition Collaborative
- Employer or work colleagues
- Other, *please specify*: _____

2) How would you characterize your highest level of education obtained?

- M.B.B.S.
- Bachelor's degree
- Masters degree
- Doctoral degree
- Post-graduate diploma
- Other, *please specify*: _____

3) Please describe your background coursework. Have you taken courses (or received training) in any the following areas? (*Please check all that apply*)

- Medicine
- Epidemiology
- Statistics
- Nutrition
- Biology
- Biochemistry
- Physiology
- Other, *please specify*: _____

4) How would you describe your profession?

- Physician
- Nurse
- Nutritionist/dietician
- Researcher
- Student
- Other, *please specify*: _____

5) How would you describe your professional affiliation?

- Medical (hospital/clinic)
- Academic institution
- Government
- Non-governmental organization
- Private company
- Other, *please specify*: _____

6) Please describe your main areas of research interest in nutrition.

(*Please select from the list given below, if Other Please specify*)

Cellular and Molecular Nutrition, Clinical Nutrition, Maternal and Child Health, Infectious Diseases
Overweight and Obesity, Non-communicable Diseases, Nutritional Epidemiology and Statistics

Other, *please specify*:

Please answer one under each category

Primary area of research: _____

Secondary area of research: _____

Tertiary area of research: _____

Education History:

Please list the details below (e.g., Bachelor, Masters, PhD, or other courses).

Year (s)	Institution and Country	Major focus/topic	Degree

Professional Training:

If you have attended any relevant short-term (non-degree) technical or professional training in the last five years, please list the details below.

Year (s)	Host Organization and address	Topic	Comments

Relevant work experience during the past 5 years (Begin with most recent employment, and include all current jobs.)

Dates	Position/title	Employer	City/country

List below any scholarships, fellowships, grants, contracts, or other awards you have received, including grants to attend international conferences, workshops, or seminars. Please specify which, if any awards are current, and indicate expiration dates.

List of Publications (if any) (Attach separate sheet if additional space is needed)

List memberships in scientific societies:

References

Two references* must be submitted in support of your application. Please list below the name of the referee you have selected.

Name	Designation and Institution	Contact Address and Phone Number

* One Reference letter must be from Current Supervisor/HOD. Supervisor/HOD should confirm that attendance for the full 2 weeks of the course is permitted and indicate how the course will benefit the student.

Completed applications, including required completed supplemental statements, should be received by **01st November 2016**. Send the completed application directly to:

Dr Rebecca Raj
Course Director
Bangalore Boston Nutrition Collaborative
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St. John's National Academy of Health Sciences,
Koramangala.
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Karnataka
India
Tel: +91-80-49467000
Fax: +91-80-25501088
Email: rebecca@sjri.res.in

3. What do you hope to learn by attending this course?

Date: ___ ___ / ___ ___ / ___ ___ ___ ___
(Day) (Month) (Year)

Place: _____

Signature of the Applicant

Please be certain that the following materials are enclosed:

Application form

2 Reference Letters