

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

**St. John's Research Institute, Bangalore  
January 12<sup>th</sup> – 23<sup>rd</sup>, 2015**

**APPLICATION FORM  
Deadline: 01<sup>st</sup> November 2014**

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.

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

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List memberships in scientific societies:

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### 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 **01<sup>st</sup> November 2014**. Send the completed application directly to:

**Dr Rebecca Raj**  
Course Director  
Bangalore Boston Nutrition Collaborative  
St. John's Research Institute,  
St. John's National Academy of Health Sciences,  
Koramangala.  
Bangalore-560 034  
Karnataka  
India  
Tel: +91-80-49467000  
Fax: +91-80-25501088  
Email: [rebecca@sjri.res.in](mailto:rebecca@sjri.res.in)

## **Statements of Purpose**

**Please answer the following in at least 100 words and not more than 300 words.**

**1. Briefly describe your main area of research interest in nutrition.**

**2. How do you envisage your future career in nutrition and how will this course benefit your future work?**

**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