

**STUDENT EXCHANGE VISIT TO HARVARD SCHOOL  
OF PUBLIC HEALTH (HSPH)**

**Sponsored by the Obama Singh Knowledge  
Initiative (USIEF)**

**St. John's Research Institute, Bangalore**

**APPLICATION FORM  
Deadline: 01<sup>st</sup> March 2015**

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 \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Current position/job title:

\_\_\_\_\_

Institutional affiliation and mailing address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Background Questions**

1) 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*: \_\_\_\_\_

2) 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*: \_\_\_\_\_

**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

List below any scholarships, fellowships, grants 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 of any research experience. (Attach separate sheet if additional space is needed)

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**\* Please attach a copy of all relevant certifications and publications.**

Completed applications, including required completed supplemental statements, should be received

By **01<sup>st</sup> March 2015**. Send the completed application directly to:

**Dr Rebecca Raj**  
**Associate Professor**  
**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)**

Please answer the following questions, each in fewer than 300 words.

1. Briefly describe your main area of research interest.

2. How will your participation in this exchange program benefit your future career?

Date: \_\_\_ / \_\_\_ / \_\_\_  
(Day) (Month) (Year)

Place: \_\_\_\_\_

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Signature of the Applicant