



**M.Sc. Course in Infectious Diseases, Vaccinology and Drug Discovery**

(please check where suitable)

**Personal Details**

(Names as written on your passport)

Family Name:.....

Given Names:..... F  M

Date of Birth:..... Marital Status: .....

Place of Birth:..... Nationality:.....

Passport Number:.....

Highest Study Degree: .....

Profession:.....

**Address**

(Please give reliable and permanent address)

Street, Number: .....

P.O. Box ..... City:.....

Province:.....

Country: ..... Postal Code: .....

Phone Number:..... FAX Number: .....

E-mail:.....

**Courses attended recently / date and description**

.....  
.....  
.....

**Present or most recent position**

Name of Employer: .....

Type of Organization: .....

Address:.....

Start of Employment: ..... End of Employment:.....

Position Held:.....

Main Duties: .....

.....

**Previous Working Experience**

.....  
.....

**References (professional and/or personal) Name/Address**

1) .....

2) .....

3) .....

**Source of funding**

Myself  my employer  other  .....

I need a scholarship

**Please return completed form to**

Thomas Keller  
Novartis Institute for  
Tropical Diseases  
10 Biopolis Road  
#05-01 Chromos  
Singapore 138670

**Required documents**

- 1. Professional diploma
- 2. Curriculum vitae
- 3. Agreement of employer (if applicable)
- 4. Tell us why you apply for this course ( max. half a page)

Date: .....

Signature: .....

**Please return form with all required documents. Incomplete applications will not be considered!**