



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!