

CIDER Fellowship Grant Declaration Form

Master of Science in Infectious Disease Emergencies (MSc IDE)

Application Number	
Full Name	
Country of Residence	
Citizenship	
Per Capita Income (in SGD)	
Current Job Title and Organization	

Declaration:

- I declare that the information provided above is true and accurate to the best of my knowledge. I understand that submission of this form is mandatory to be considered for the CIDER Fellowship Grant.
- I declare that I have pursued all personal and local occupational and philanthropic avenues to meet the funding of this course.
- I declare that without this fellowship I will be unable to partake in the MSc IDE programme.

Signature: _____

Date: _____