

	and how did you come to know about us) 150 words. [Add separate sheet if needed.]				
13.	Name of supervisor at academic institution with Email ID				
14.	Do you need a translator/field facilitator, especially if you cannot communicate in Marathi or Hindi?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15.	What is your expected duration of study (DD/MM/YYYY)	From	/ /	To	/ /
16.	Are you a sponsored candidate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.	If answer to Q 16 is Yes, then specify details	Sponsorer: University / Institution		% Sponsored	
18.	Do you need assistance in arranging for a paid accommodation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19.	For foreign students, do you need assistance in visa process?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

(Attach your detailed Curriculum Vitae and recommendation by institutional head along with this application. This is mandatory requirement)

All above information is true to the best of my knowledge. I have read the policy for encouraging academics at Vadu Health and Demographic Surveillance System, Vadu Rural Health Program, KEMHRC Pune and I shall abide by the rules, regulation and responsibilities mentioned in the policy.

Date: ___/___/_____ Signature of Applicant: _____

Place: _____ Full Name: _____

Date: ___/___/_____ Signature of Supervisor at academic institution: _____

Place: _____ Full Name: _____

For Office Use Only

_____ is designated as local mentor to _____.

Recommended by: _____ (Officer in Charge, Vadu HDSS, VRHP)

Signature and date: _____

Approved by: _____ (Director, KEMHRC, Pune)

Signature and date: _____
