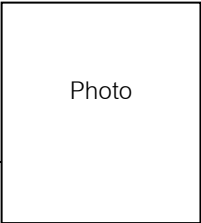


Application Form
Training in Siriraj Endoscopy Center



Name _____
First name *Middle name* *Last name*

Date of Birth (D/M/Y) _____ Age _____ years

Position _____

Workplace _____

Tel _____ Fax _____

Email address _____

Home address _____

Your practicing hospital is Private hospital Government hospital Government University

Post MD Education Board of Medicine Board of Surgery Board of Gastroenterology
 Other please specify.....

You are applying for Basic Upper and Lower GI course (3 months)
 ERCP and diagnostic EUS (4 months)

Training and previous endoscopy experience (time of experience months, number of patients operated on, hands-on)
 Yes, please specify No

A: Basic Endoscopy _____

B: ERCP _____

Your objectives of training:

You are nominated by (please attach the original document, if applicable)

- Your head of Department _____
- The Society of Gastroenterology of your country _____
- Others _____

Your funding plan: Self payment Through organization state
 Other.....

Signature _____

(_____)

Date _____

Please attach your full CV and other supporting documents