

Post Graduate Diploma in Transplant Coordination and Grief Counselling

Application Form

Affix Passport
Size Photograph

Name:		
DOB / Age:	Gender :	
Religion :	Blood Group :	
State (Native) :	District (Native):	
Permanent Address:	Address for correspondence:	
Tel No:	Cell No:	E-mail id:
Education Qualification :		
Professional Experience		
Name of the current employer	No. of years of experience under the current employer	
Designation	Department	
Address of the current employer:	Total No. of years of experience	
Are you a candidate with disability – Yes / No	If yes, please mention the type	

Date:

Place:

Signature

Course Fee: Rs.15,000 or USD 220

Payment Details:

(Payment should be made by Cash/Cheque/DD/Bank Transfer through NEFT)

1. Payment by Cheque / DD

The Cheque / DD should be made in the name of **MOHAN Foundation**.

Mode of payment : Cheque / DD

Cheque / DD No : _____

Name of the Bank : _____

Date : _____

2. Payment by Bank Transfer through NEFT

Bank Details -

Beneficiary Name : **MOHAN Foundation**

Account Number : **520101005256875**

Account Type : **Savings Bank Account**

IFSC Code : **CORP0000487**

Bank Name & Address : **Corporation Bank, Block AA, 144, III Avenue,**

Anna Nagar, Chennai – 600 040, Tamil Nadu, India.

Please provide the NEFT Ref Number _____

Note: Please attach the following along with your application – (1) Letter from your employer/department head - original (2) Recent degree certificate – photocopy

For any other clarification/information please contact

Ms. Sujatha Suriyamoorthi Mobile: +91 7708662670

Ms. Ann Alex Mobile: +91 9677202908 Email: elarning@mohanfoundation.org

MOHAN Foundation, 3rd Floor, Toshniwal Building, 267, Kilpauk Garden Road, Kilpauk Chennai-600 010.

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