



FATIMID FOUNDATION

Blood Bank and Haematological Services

APPLICATION FORM FOR ELECTIVES

NAME: _____

DATE OF BIRTH: _____ ADDRESS: _____

NAME OF UNIVERSITY: _____ CLASS _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

QUALIFICATION (mention the name of college /university and date of completion)

- Primary: _____
- Secondary: _____
- Higher: _____
- Other: _____

SELECT THE DEPARTMENT OF INTEREST:

- Laboratory
- Thalassemia dept.
- Haemophilia dept.
- Blood management dept.
- Quality assurance dept.
- Other: _____

DURATION OF ELECTIVES: _____

EXPECTED DATE OF ELECTIVES: From: _____ Till: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Kindly note: Doctors, medical students and laboratory technologists are eligible. Forms for application should be submitted at the head office. Duration ranges from 2 weeks to 2 months.

FOR OFFICE USE

MEDICAL DIRECTOR:

Comments: _____

Signature: _____

CHIEF OPERATING OFFICER

Comments: _____

Signature: _____