



DELGEME Plus

Application Form for the Master's Scholarship in AMR (Cohort 3)

1. Personal Information

| | |
|---|--|
| Title: | |
| Last name: | |
| Maiden name (for married women only): | |
| First Name: | |
| Birth date: | |
| Gender: | |
| Nationality: | |
| Current status (student, private sector, disease control staff, NGO worker, unemployed, other, etc.). If other, please specify: | |

2. Home Address

| | |
|--------------------------|--|
| Address: | |
| P. O Box or postal code: | |
| City: | |
| Country of residence: | |
| Phone: | |
| Email 1: | |
| Email 2: | |

3. Professional Information

| | |
|--|--|
| Current job: | |
| Organization: | |
| Department, service: | |
| Position or title: | |
| Address: | |
| P.O. Box or postal code: | |
| Phone: | |
| Email 1: | |
| Email 2: | |
| Length of your professional experience (Year): | |

4. Degrees and certifications

List of all the latest academic degrees (Starting with the highest):

| Year | Title of diploma | Topic | School Country |
|------|------------------|-------|----------------|
| | | | |
| | | | |
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| | | | |

List of training or professional certifications (Please add lines as needed):

| Year | Title | Institution |
|------|-------|-------------|
| | | |
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| | | |

5. Personal references (Two references)

| | |
|-------------------------|--|
| 1. Last and First names | |
| Title | |
| P.O Box or postal code: | |
| Email: | |
| Phone: | |
| 2. Last and First names | |
| Title | |
| P.O Box or postal code: | |
| Email: | |
| Phone: | |

6. Mentor référence¹

| | |
|-------------------------|--|
| Last and First names | |
| Title | |
| P.O Box or postal code: | |
| Email: | |
| Phone: | |

¹ Mentorship is a relationship in which a more experienced/ person of greater rank or more knowledgeable helps to teach, guide and develop a less experienced or less knowledgeable person.

I, (name and surname of the candidate) hereby certify the accuracy of the above information

Place and Date

Signature