

**Manipal McGill Center for Infectious Diseases**

**Application Form**

(All the details are mandatory)

Name :

Qualification :

Designation :

Department :

Institution :

Communication Address :

E-mail :

Mobile number :

**Please tick any one/two courses from the first week and any two courses from the second week.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week 1:** | **Tick** | **Week 2:** | **Tick** |
| TB Research Methods-Monday - Friday |  | Advanced TB Diagnostics - Monday-Wednesday morning |  |
| Humanitarian Action in the 21st Century: Challenges and Dilemmas - Monday-Wednesday |  | Clinical TB: A focused clinical & public health review for healthcare workers - Monday-Wednesday morning |  |
| Global Health Diagnostics - Monday-Wednesday |  | Short Course on Qualitative Methods in Global Infectious Diseases Research - Wednesday afternoon-Friday |  |
| Antimicrobial Resistance (AMR) - Wednesday-Friday |  | Quality of TB Care • Wednesday afternoon-Friday - New Course! |  |

Why do you want to attend McGill summer courses? (About 100 words)

How are you planning to use the knowledge gained after return? (About 100 words)

Describe briefly the project or work or training that will be carried out after coming back from summer course. (300 words)

Mention the area in which you plan to hold a capacity building workshop after your return? (About 50 words)

What will the expected benefits to the Manipal Academy of Higher Education? (150 words)

**Declaration: (Please tick)**

* I have ≥3 years of experience as faculty in MAHE
* If selected, I agree to submit summer course report to MAC ID within 15 days of return.
* If selected, I agree to submit a Seed grant proposal to MAC ID during the next Seed Grant Award Competition
* If selected, I agree to hold a capacity building workshop in collaboration with my department and MAC ID to promote ID practice/research/training within 1 year of McGill Summer Course
* I am a MAC ID Seed Grant Awardee. If selected, I agree to develop and submit a new full grant proposal for extramural funding within 1 year of return

I declare that the information provided is true to the best of my knowledge

Name and Signature of the applicant Name and Signature of HOD

Date

MAC ID Number: