

**Application for Participation in the Program
of Professional Development (PD) Courses**

Full Name _____

D.O.B. _____

Institution Name _____

Position, scientific degree (if such) _____

Last PD training (date, institution) _____

Disciplines taught:

Select the type of the course:

(Standard; Intensive, Weekend mode) – *underline*

Do you require the hostel (for Intensive Course participants):

Yes; No - *underline*

Contact details: Mob. _____

e-mail _____