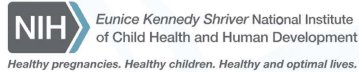


TIGRIS D43 Training Programme

APPLICATION FORM

Complete the form FULLY in Adobe Acrobat (4 pages)
Upload to immunopaedia.org.za/course-applications/tigris



First Name:

Last Name:

Email:

Date of birth (DD/MM/YYYY):

Male

Female

Prefer not to disclose

Status Career:

Masters Student

PhD Student

Post-Doctoral Fellow

MMed

Mphil

Other

Nationality (name the country):

Current Institution:

Current City:

Current Country:

What year of study are you in? (See Status of Career)

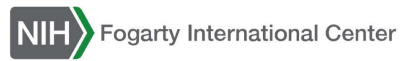
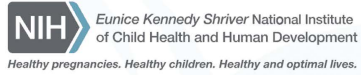
3 Keywords in your Research Field (eg. IBD, Cancer, Food Allergy, Immunotherapy):

TIGRIS D43 Training Programme

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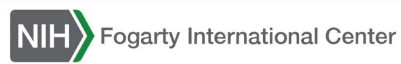
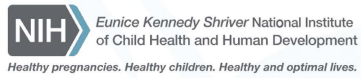
500 Word Abstract of your project

TIGRIS D43 Training Programme

APPLICATION FORM

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200 Word Career Motivation Statement