NATIONAL INSTITUTE FORM MEDICAL RESEARCH

MUHIMBILI MEDICAL RESEARCH CENTRE



**APPLICATION FORM**

***Financial statement***

It is herewith declared that: (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 will participate in the course

Date: \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for GCP

Date: \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for GCLP

The undersigned agrees to be responsible for the financial obligation as outlined below:-

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| --- | --- | --- | --- |
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| --- |
| Payment of the GCP/GCLP course fee July 2014  |

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| --- |
| USD/TSHS |

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| --- |
| GCP course package (registration, stationary meals)  |

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|  |
| --- |
|  50USD or 80TSHS sper day  |

 |
| GCLP course package (registration, stationary, meals |  |

|  |
| --- |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Institution (If applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**Payment procedure**:

MMRC will send you an invoice for the course fee, (if needed) upon receipt of this Financial Statement. The invoice should be paid within 30 days after receipt of it, and MMRC should have received the payment not later than 2 weeks before the start of the course. The payment can be done in cash /Cheque/wire bank transfer. Kindly return the financial statement before:

***Your participation in the course is considered definitive once we have received payment on our bank account.***