



RC:181501

ELIASA

HEALING AND COUNSELING CENTER

Applicant ID No: _____

TRADITIONAL MEDICINE, NATURAL HERBS AND ROOTS

TRAINING APPLICATION FORM

(Please read the instructions at the end carefully before completing this form)

1. Personal Information

Name (in block letters): _____

Father's Name: _____

Date of Birth: _____

National Identity Number: _____

Present Residential Address: _____

Telephone No: Mobile: _____ Residence: _____

Permanent Residential Address: _____

Telephone No: Mobile: _____ Residence: _____

E-mail address: _____

Recent Photograph
(White Background)

2. Next of Kin Details

Name: _____ Relationship: _____

Address: _____

Telephone No: Mobile: _____ Residence: _____

3. Academic / Professional Qualification

Examination Passed	Name of Institution	Discipline	From	To
SSCE				
OND				
Graduation				
Post-Graduation				
Any Other				

Any distinction received: _____

4. Computer Skills

1. _____

2. _____

3. _____

5. Training Details (if any)

- 1. _____
- 2. _____
- 3. _____

6. Languages

	Excellent	Good	Reasonable
English			
Youruba			
Any Other			

7. Internship Details (if any)

Name of Company	From	To	Department	Stipend	Nature of Assignment

8. Employment History (if any)

Name of Company	From	To	Position	Reason for Leaving

9. References

(Names & business addresses of two referees known to the applicant, other than relatives)

1.	1.
Phone Number	Phone Number

10. Are you familiar with Traditional medicine, herbs and roots? [] YES [] NO

If yes, please specify briefly:

Applicant's Signature: _____

Date: _____

Instructions:

- Please fill the form in full. Mark inapplicable portions as "NOT APPLICABLE".
- Attach copies of CNIC, educational certificates, internship, and experience certificates.
- Provide two recent passport-sized color photographs (affix one to the form).
- Bring the completed form and attachments when appearing for the written test.