**Application Form of**

**KORL-HNS Scholarship for International Visiting Fellows**

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| --- |
| **Personal information** |
| Last name | Middle name | First name |
|  |  |  |
| Male/Female:  |
| Date of Birth: |
| Nationality:  |
| Passport number: |
| Primary language:  |
|  |
| Current position:  |
| Hospital/Institute: |
| Contact number: |
| Mobile phone: |
| E-mail: |
| Address (city, street, zip): |
| **International Visiting Fellowship Application**  |
| Proposed training period (D/M/Y - D/M/Y) |
| Visiting institute(s):  |
| Proposed research or clinical topics: |
| Summary agenda: |
| **Applicant’s signature** | **Date** |
| Name / Signiture | D/M/Y: / /2019 |