



## GLOBAL HEALTH CONFERENCE ON SOCIAL MARKETING AND FRANCHISING

Kochi, Kerala, India (3<sup>rd</sup>-5<sup>th</sup> December, 2013)

### Scholarship Request Form – Registration Fee Discounts

Name			
Designation			
Organization/ Program/ Institute *			
Organization Address with Contact			
Key areas of operations			
Nationality			
Passport Number *		National ID Number*	
Address (Line 1)			
Address (Line 2)			
Province			
Country			
Pin Code/Zip Code			
Email Id			
Phone Number		Telefax	
Recommendations ( <i>If Any</i> )*			
Why do you want to attend the Global Health Conference on Social Marketing and Franchising? ( <i>not more than 50 words</i> )			
How is the conference in-line with the organization/program that you are associated with? ( <i>not more than 50 words</i> )			
Why is the scholarship needed? ( <i>not more than 50 words</i> )			
Who will support travel and stay for participation? ( <i>not more than 50 words</i> )			

### **Terms and Conditions**

- A proof will be required for the field marked as (\*)
- Please enclose the letter of recommendation. Letter of recommendation is not mandatory. However, a letter from the relevant authority will increase the weight age of your application.
- You may attach a separate sheet for your responses. Although, the word limit should remain the same.