CHO RAY Hospital
201B Nguyen Chi Thanh Street, District 5, Ho Chi Minh City, VIET NAM
Tel: 84-8-38554137
Training Department: 84-8-38554137 – ext: 2392/ 2393
Email: training.crtd@choray.vn, training.crtd@gmail.com,
daotaocr@choray.vn, ngocbich1958@yahoo.com, uyencrdt@gmail.com

APPLICATION FORM FOR ELECTIVE TRAINING COURSE
(For Medical students)

FAMILY NAME:		Student ID:
GIVEN NAME(S)		Personal email address:
Present medical qualification		
Medical School/University		
Address of Medical School/University		
Elective course (required by student)		
Elective course term (From…to….)		

Date: ……./……./201….

- Please send the fully filled to the Training Department, CRH by the e-mail address mentioned upon
- The recommendation letter, photo, and brief CV should be sent together with this form by attached files