



AHI

The Asian Health Institute Foundation

STATEMENT OF APPLICATION

Note ■ Please sign and send it to AHI by e-mail (info@ahi-japan.jp), post mail or fax (+81-561-73-1990).

1. APPLICANT

I hereby certify that the information of the application form is true and correct.

NAME of Applicant (in block letters) _____

SIGNATURE _____ DATE _____

2. REPRESENTATIVE

This is to certify that _____
(Name of Applicant)

is a member of _____
(Name of Your Organization)

and holds the following position in the organization,

(Position of the Applicant)

AHI requests the representative of the organization to make the following pledge:

1, We will cooperate with AHI and provide opportunities for

(Name of Applicant)

to apply what she/he learns from the Course in our organization.

2, We will cooperate with AHI in a follow-up on the participant.

NAME (in block letters) Mr./Ms. _____

POSITION _____

SIGNATURE _____ DATE _____

* Above box must be signed by the representative of the organization, NOT by the applicant himself/herself.

3. PARTNER NGO

* ONLY for applicants from People Organizations. Not required for NGO applicants.

<p>ENDORSED APPLICANT'S NAME: _____</p> <p>We will cooperate in doing follow-up of the participant.</p> <p>NAME (in block letters) <u>Mr./Ms.</u> _____</p> <p>POSITION _____</p> <p>SIGNATURE _____ DATE _____</p>

* Above box must be signed by the representative of the partner NGO, NOT by the applicant him/herself.