SHARAN Medical Consultations Training Program

PHYSICIAN / INSTRUCTOR APPLICATION FORM

To be filled Electronically only

Title

Name

Surname

Age

Complete Address

Telephone number(s)

HOME

MOBILE

E-mail address

Current occupation

Educational Qualifications

Experience in the area of Health and Nutrition

Do you fulfill the criteria of the SHARAN Instructors / Experts Requirements?

How would you like to use the knowledge and skills that you will learn?

Do you have an e-mail address and access to the Internet and basic computer and internet skills – Microsoft Office, Social Media?

How many hours / days a week can you commit to this work? Please be precise.

Please describe (in 150 words or less), why you are interested in plant based nutrition consultations.

Please note any nutrition or health-related degrees, certifications, professional designations, licenses, etc. (see examples below) along with the name of the issuing entity, the state/jurisdiction of issuance, the date the license/certification was first obtained, and any identification numbers or expiration dates.

Please describe your experience in plant based cooking.

What other medical work will you be doing besides healing through plant based nutrition?

Signature Date

YOUR PRINTED NAME WILL SERVE AS A SIGNATURE

Incomplete applications cannot be considered.

Please SAVE this application via e-mail to [seminars@sharan-india.org](mailto:seminars@sharan-india.org) . Incomplete applications will not be accepted. Once your application is accepted you will be asked to pay the application fees.

SUBMIT FORM