

Medikon Sexual Sciences

Application Form

Date

Sex Therapy and Counselling Correspondence Course

Dear Sir,

I would like to enroll for the above course. I enclose Bank Draft No. drawn on
..... in favour of Medikon for Rs. 6000/- (Rs. Six thousand only) as full fees.

I give below the information requested by you.
(Please use block letters and tick wherever applicable)

1. **Name in full (surname first):**
2. **Sex:** Male () Female ()
3. **Mailing address:**
..... **Pin Code**
- Tel. Nos. Mobile** **Res.**..... **Clinic**.....
email:
4. **Qualifications:**
5. **Registration No./Date** **State**
6. **I practice as:** Family Physician (), Consultant (), Others
7. **My special interest is**

I have attended: Sexuality Training Programmes (), Seminars (), Workshops (), No previous exposure (). I understand this is purely a correspondence course dealing with the essentials on sexuality concerns and problems seen in routine practice. It will be covered in eight sessions in approximately four months. Only if I conform to the instructions and requirements of the Course, will a certificate be issued to me. There will be no liability on the organizers after the completion of the programme. The course does not confer on me any degree/diploma nor the right to use it for publicity purposes.

Yours faithfully,

Please enclose:

- Photocopies of Degrees and Registration Certificate
- Self Attested passport size photograph

Signature

**Please mail with
Demand Draft in favour of Medikon to:**

**Dr. Mahinder C. Watsa
Medikon Sexual Sciences
Sunder House, Top Floor, Opp. Park Club
10, Shivaji Park, Mumbai 400028, India
Ph. 022 24453533 / 24456266 / 9323701873**
