



HELLENIC REPUBLIC

National and Kapodistrian
University of Athens

EST. 1837

School of Health Sciences
Department of Medicine



POSTGRADUATE PROGRAM

«Rehabilitation Following Spinal Cord Lesions.
Spinal Pain Management"

APPLICATION FOR PARTICIPATION

1. PERSONAL DETAILS (To be completed in capital letters)

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Last Name *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Father's Name *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Name *

		/			/				
--	--	---	--	--	---	--	--	--	--

Date of Birth *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of Birth *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nationality *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Registration Number or European Health Insurance Card *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID Number or Passport Number *

--	--	--	--	--	--	--	--	--	--

Tax Identification Number (VAT) *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tax Authority *

* Required Field

Address of Permanent Residence*

[illegible]

Street *

Number *

[illegible]

City *

Post Code *

[illegible]

Country *

Job Address *

[illegible]

Street *

Number *

[illegible]

City *

Post Code *

[illegible]

Home Telephone Number *

[illegible][illegible][illegible]

Mobile Telephone Number *

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e-mail *

2. STUDIES *

Undergraduate Studies *

University *	Department *	Period of Studies*	Date of graduation (or expected) *	Grade *

* *Required Field*

Diploma Theses - Internship *

University-Department *	Subject of Diploma Theses *	Date of approval (or expected) *	Grade *

Diploma Thesis Title *:

Supervisor *: _____

Post Graduate Studies

University-Department	Subject of Phd Theses	Date of approval (or expected)	Grade

Master Thesis or another Diploma awarded:

Supervisor: _____

3. RESEARCH or CLINICAL EXPERIENCE

Institution or Laboratory: _____

Duration: _____

Supervisor: _____

Publications (attach hard copies)

- a) _____
- b) _____
- c) _____
- d) _____

4. FOREIGN LANGUAGES *

Language *	Certificate *	Grade *

5. AWARDS - DISTINCTIONS

- a) _____
- b) _____
- c) _____

6. TEACHING or PROFESSIONAL EXPERIENCE

(Please list employment's name, type of employment and dates chronologically, starting with the most recent):

- a) _____
- b) _____
- c) _____
- d) _____

7. OTHER ACTIVITIES AND ACHIEVEMENTS

8. LETTERS OF RECOMMENDATION *

Names and titles of the three persons from whom you have requested Letters of Recommendation

a) _____

b) _____

c) _____

9. SCHOLARSHIP

Scholarship which you have received or pursuing. (Indicate Institution, scholarship title, duration and amount.)

Signature *: _____ Date *: _____

The application can be submitted with the required documents:

Secretariat of Postgraduate Program

«Rehabilitation Following Spinal Cord Lesions. Spinal Pain Management»

3rd Dpt of Orthopaedic Surgery N.K.U.A. – G.H.A. «KAT»,

Mrs. Stavropoulou Alikí

Níkis 2, 14561 - Kífisia

or by e-mail : scl@med.uoa.gr