



**THE SANKARA NETHRALAYA ACADEMY**  
(Unit of Medical Research Foundation)

**CERTIFICATE PROGRAM ON INSTRUMENT  
REPROCESSING - (Central Sterile Supply  
Department)**

Application form to be filled in block letters

**APPLICANT DETAILS**

Candidate Name : .....

Age : ..... Gender: M / F (Please tick)

Phone No : ..... Email ID: . .....

Address : .....  
.....

Qualification : ..... Desig-

nation : ..... Department /

Unit : ..... Role in CSSD

: ..... Years of

experience: .....

**ORGANISATION DETAILS**

Organization Name: .....

Address : .....

Phone Number : ..... Website: .....

E-mail ID : .....