

# Application Form

MalawiMed e.V. Schillerstraße 20 - 69115 Heidelberg - Germany  
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## Curriculum Vitae

### Personal Information

Mr.  Mrs./Ms.

Name:

Surname:

Street:

c/o:

Postcode:

City:

Country:

University:

Mobile:

E-Mail:

Semester:

Preferred month of internship:

1<sup>st</sup>:

2<sup>nd</sup>:

I am a member of MalawiMed e.V. : Yes  No

### Education

Time (from - till)	School/ University
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



**Work Experience/ Internships**

Time (from - till)	Work/ Internship

**Skills**

Skill	Information

**Motivation** (max. 1500 characters)

Attached to this **Application Form** I send following documents:

- Proof of immatrikulation at University
- Membership application MalawiMed e.V. (optional)
- Receipt of accommodation fee transaction (at least 8 weeks pre departure)

If there are any Questions, please contact [famulatur@malawimed.de](mailto:famulatur@malawimed.de).

\_\_\_\_\_

Date

\_\_\_\_\_  
Signature

