

HELP DEFEAT DIABETES TRUST

104 Lady Ratan Tata Medical Center, M. Karve Road, Mumbai 400021. INDIA.

Tel: +91.22. 2287 1613 email: helpdefeatdiabetesinfo@gmail.com web: www.helpdefeatdiabetes.org

MENTOR REGISTRATION FORM

Name (Dr.)	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="affix a recent photograph"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>				
Qualifications	<input type="text"/>				
Regn. No.	<input type="text"/>				
Clinic / Hospital	<input type="text"/>				
Address	<input type="text"/>				
City & Postal Code	<input type="text" value="City"/>	<input type="text" value="Postal Code"/>			
State	<input type="text"/>				
Country	<input type="text"/>				
Landline No(s).	<input type="text"/>				
Mobile No.	<input type="text"/>				
No. of Students you will be able to Mentor at a time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

I hereby declare that the information provided above is true to the best of my knowledge.

Date :

Place :

DOCUMENTS TO BE ATTACHED WITH THE MENTOR REGISTRATION FORM

- Copy of the Degree Certificate
- Copy of the Registration
- Copy of your Curriculum Vitae (CV)
- Your details in FORM A (attached to this Registration Form)

Please send this form along with the above documents to:

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FORM A – MENTOR DETAILS

MENTOR'S NAME :

CLINIC / HOSPITAL NAME :

Is it connected with

- Medical College
 Community Hospital
 Private Institution

WORK LOAD

Type 2 DM :

No. of patients enrolled per week :

No. of follow up patients seen per week :

Type 1 DM

No. of patients enrolled per week :

No. of follow up patients seen per week :

STAFF **Besides yourself, what other staff is available at your clinic / center**

No. of Resident Doctors :

No. of Fellow Doctors :

No. of Diabetes Educators :

No. of Dieticians :

No. of Podiatrists :

PATIENTS EDUCATION PROGRAMME **Do you conduct....**

Ongoing One-to-One Education Yes No

Group Education Yes No

LIBRARY **Mark Availability**

Key Diabetes Text Books Yes No

Key Diabetes Journals Yes No

Patient Education Books, Brochures,
Magazines Yes No
