

ENQUIRY FORM – MDT FREE CAMP

Inform us the following if you want to host the free camp:

- Your Name in full
- Are you on reference list – Yes / No
- The address in full where you propose to host the free camp
- The timings you will hold the camp
- If you have therapists working with you who are undertaking MDT courses, if they are willing to assist you during camp as volunteers, we would want them to apply to MI India for volunteering for the camp hosted by you
- Name of the doctor and hospital you will contact in emergency and ambulance that could be kept ready in case of emergency
- The letter of approval if needed

Inform us the following if you are a volunteer in the Free Camp:

- Your name
- Your MDT education
- Residence area for host pairing
- Your telephone number to contact you