

# Biographical Data Form

Note: This is not a GSE Team Member Application (161-EN). Please obtain that application from the GSE chair of your sponsor district.

Please print or type.

I am a GSE (check one)  Team leader  Team member

Applicant's Photo

## CONTACT INFORMATION

3030

SPONSOR DISTRICT NUMBER

INDIA

COUNTRY

MANGESH

FIRST NAME

RANGANATHRAO

MIDDLE INITIAL

THETE

LAST NAME

Male  Female

Date of Birth 06/07/1973

DAY

MONTH

YEAR

+91-253-2395060

TELEPHONE RESIDENCE

+91-253-2379511

TELEPHONE BUSINESS

NIL

FAX

mangeshthete@rediffmail.com

E-MAIL

MARRIED

MARITAL STATUS (FOR HOST DISTRICT USE)

02

NUMBER OF CHILDREN

MAST.ARYAN-6 YRS, MAST.ESHAN 3.5 YRS

NAMES AND AGES OF CHILDREN

## VOCATIONAL INFORMATION

MEDICAL PROFESSIONAL-RADIOLOGIST

VOCATION

10 YRS

YEARS IN VOCATION

MEDICAL

TYPE OF INDUSTRY

TO PERFORM SONOGRAPHY, READ & REPORT X-RAYS, C.T. SCANS, MRI SCANS

SPECIFIC TASKS RELATED TO VOCATION

MEDICAL INSTITUTES

SPECIFIC SITE VISIT REQUESTS RELATED TO VOCATION

TO EXPERIENCE HEALTHCARE INDUSTRY OVER THERE, TO SEE TECHNOLOGICAL ADVANCES IN RADIOLOGY

VOCATIONAL GOALS FOR GSE EXPERIENCE

## ACCOMMODATIONS & ADDITIONAL INFORMATION

MARATHI

NATIVE LANGUAGE

HINDI, ENGLISH

ADDITIONAL LANGUAGES

NIL

SPECIAL ACCOMMODATIONS

MIXED DIET, PREFERENTIALLY VEGETERIAN

SPECIAL DIETARY OR MEDICAL NEEDS

I would prefer to be placed in the same homestay as a fellow team member.  Yes  No  No preference

**SUBMIT TO THE GSE CHAIR THREE MONTHS BEFORE DEPARTURE.**

The GSE chair should send copies of the team members' Biographical Data forms to the host district immediately upon selection of the team.