



**AU-KBC Research Center**  
**Anna University, Chennai**

**Apollo Hospitals**  
**Educational & Research Foundation**

**Application Form for Post Graduate Certificate Course in Clinical Research**

**INSTRUCTIONS**

- Use blue/black ink and capital letters to fill the form
- Do not use white ink/ erase ex/ correction fluid
- Attach true copies of the provisional marks and degree certificates attested by a gazetted officer
- Please enclose Demand Draft for Rupees 500/- drawn in favor of *Apollo Hospitals Educational and Research Foundation*
- The candidate should ensure that correct details are furnished by him/her in the application form. He is further informed that if, after proper scrutiny of his/her application form the details furnished are found incorrect, the candidate is liable to forfeit admission no matter at what stage of the course he/she will be in at that time

**1. PERSONAL DETAILS**

|   |                              |
|---|------------------------------|
| <b>Title:</b> Mr/ Ms / Mrs / Dr / Other | <b>Date of birth</b>         |
| <b>Family name:</b>                     | DD/ MM/ YY                   |
| <b>First name:</b>                      | <b>Gender:</b> Male / Female |
| <b>Other names:</b>                     | <b>Marital Status</b>        |

ATTACH PHOTO HERE

**2. CONTACT DETAILS (please insert city code for home telephone number)**

|                       |                               |                                |
|-----------------------|-------------------------------|--------------------------------|
| <b>Email address:</b> | <b>Home telephone number:</b> | <b>Mobile telephone number</b> |
|                       |                               |                                |

|                            |  |
|----------------------------|--|
| <b>Residential Address</b> | <b>Mailing Address (if different from residential address)</b> |
| City:                      | City:  |
| Country: Post code:        | Country: Post code:  |

**3a. FIRST CHOICE OF CAMPUS (Tick any one centre of choice)**

|  |  |
|--|--|
| <input type="checkbox"/> APOLLO HOSPITALS, CHENNAI   | <input type="checkbox"/> APOLLO GLENEAGLES HOSPITAL, KOLKATA |
| <input type="checkbox"/> APOLLO HEALTH CITY, HYDERABAD   | <input type="checkbox"/> INDRAPRASTHA APOLLO, NEW DELHI      |
| <input type="checkbox"/> APOLLO HOSPITALS INTERNATIONAL LIMITED, AHMEDABAD<br>(In Association with Cadila Pharmaceuticals Limited) |  |

**4. EDUCATIONAL BACKGROUND (Attach extra sheet for details of academic/ professional fellowships or awards received if any)**

| Year             | Program           | Institute/ University | Percentage |
|------------------|-------------------|-----------------------|------------|
|                  |                   |                       |            |
|                  |                   |                       |            |
|                  |                   |                       |            |
| School and board |                   |                       |            |
|                  | XII <sup>th</sup> |                       |            |
|                  | X <sup>th</sup>   |                       |            |

**5. PROFESSIONAL EXPERIENCE (Attach extra sheet if necessary)**

| Dates of tenure | Designation | Company and address | Role/responsibilities |
|-----------------|-------------|---------------------|-----------------------|
|                 |             |                     |                       |
|                 |             |                     |                       |

**DECLARATION**

I hereby declare that the particulars given above are true and correct to the best of my knowledge. I have filled up this application after carefully reading all the instructions provided.

I understand that the course is a full time course and I shall not attend any other course/employment, take up any either fulltime or part-time, till the completion of course.

Further, I undertake to abide by the rules and regulations of the Institute in force as amended from time to time. I am aware that any violation of the rules and regulations will result in forfeiture of my right to continue the course.

Date:  
Place:

*Signature of Applicant*

## Contact information for AHERF centers and AU-KBC research centre

### Ahmedabad Center

Apollo Hospitals Educational & Research Foundation  
Floor II, Apollo Hospital International Ltd.,  
Plot No. 1 A, Bhat GIDC estate,  
Gandhi Nagar - 382 428, Gujarat, INDIA  
+91 (0)79- 6670 1876, +91 94285 64909  
Email: [crcourse.ahmedabad@aherf.net](mailto:crcourse.ahmedabad@aherf.net)

### Chennai Center

Apollo Hospitals Educational & Research Foundation  
No. 16 & 17, II Floor, Krishnadeep  
Chambers-Apollo Annexe,  
No. 1 Wallace Gardens, Chennai 600006, INDIA  
+91 (0)44- 283 31785, +91 98417 44635  
Email: [crcourse.chennai@aherf.net](mailto:crcourse.chennai@aherf.net)

### Hyderabad Center

Apollo Hospitals Educational & Research Foundation  
Apollo Health City, Jubilee Hills,  
Hyderabad - 500 033, INDIA  
+91 (0)40-651 69361, +91 8106 163770  
Email: [crcourse.hyderabad@aherf.net](mailto:crcourse.hyderabad@aherf.net)

### Kolkata Center

Apollo Gleneagles Hospital, Kolkata,  
58, Canal Circular Road, Kolkata -700 054, INDIA  
+91 33 2320 3040/2320 2122  
Extn: 5621, +9804000434  
Email: [crcourse.kolkata@aherf.net](mailto:crcourse.kolkata@aherf.net)

### New Delhi Center

Apollo Hospitals Educational & Research Foundation  
Indraprastha Apollo Hospitals, Sarita Vihar,  
Delhi-Mathura Road New Delhi -110076, INDIA.  
+91 (0)11- 268 25612, +91 98182 03393  
Email: [crcourse.delhi@aherf.net](mailto:crcourse.delhi@aherf.net)

### Anna University

AU-KBC Research Centre, Madras institute of technology,  
Anna University, Chennai, Chrompet, Chennai -600044  
Contact: +91 (0)44-2223 6959, Email ID: [ctm@au-kbc.org](mailto:ctm@au-kbc.org)

**AHERF Email:** [inquiry@aherf.net](mailto:inquiry@aherf.net)

**Website:** [www.aherf.org/](http://www.aherf.org/) [www.au-kbc.org](http://www.au-kbc.org)



**AU-KBC Research Center**  
Anna University, Chennai



**Apollo Hospitals**  
Educational & Research Foundation

**ADMIT CARD FOR INTERVIEW**

|  |  |
|--|--|
| <b>Date of Interview</b><br><i>(for office use)</i>  |  |
| <b>Place of Interview</b><br><i>(for office use)</i> |  |
| <b>Name</b>  |  |
| <b>Contact number</b>                                |  |
| <b>Address</b>                                       |  |



Signature of Candidate

Signature of Convener