

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

INSTRUCTIONS
<ul style="list-style-type: none"> <li>Use blue/black ink and capital letters to fill the form</li> <li>Do not use white ink/ erase ex/ correction fluid</li> <li>Attach true copies of the provisional marks and degree certificates attested by a gazetted officer</li> <li>Please enclose Demand Draft for Rupees 500/- drawn in favor of <i>Apollo Hospitals Educational and Research Foundation</i></li> <li>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</li> </ul>

1. PERSONAL DETAILS
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Title: Mr/ Ms / Mrs / Dr / Other</td></tr> <tr><td style="padding: 2px;">Family name:</td></tr> <tr><td style="padding: 2px;">First name:</td></tr> <tr><td style="padding: 2px;">Other names:</td></tr> </table>	Title: Mr/ Ms / Mrs / Dr / Other	Family name:	First name:	Other names:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Date of birth</td></tr> <tr><td style="padding: 2px; text-align: center;">DD/    MM/    YY</td></tr> <tr><td style="padding: 2px;">Gender: Male / Female</td></tr> <tr><td style="padding: 2px;">Marital Status</td></tr> </table>	Date of birth	DD/    MM/    YY	Gender: Male / Female	Marital Status
Title: Mr/ Ms / Mrs / Dr / Other									
Family name:									
First name:									
Other names:									
Date of birth									
DD/    MM/    YY									
Gender: Male / Female									
Marital Status									



2. CONTACT DETAILS (please insert city code for home telephone number)
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Email address:	Home telephone number:	Mobile telephone number

Residential Address
City:
Country:                      Post code:

Mailing Address (if different from residential address)
City:
Country:                      Post code:

3a. FIRST CHOICE OF CAMPUS (Tick <u>any one</u> centre of choice)			
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APOLLO HOSPITALS, CHENNAI		APOLLO GLENEAGLES HOSPITAL, KOLKATA	
APOLLO HEALTH CITY, HYDERABAD		INDRAPRASTHA APOLLO, NEW DELHI	

3b. SECOND CHOICE OF CAMPUS (Tick <u>any one</u> centre of choice)			
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APOLLO HOSPITALS, CHENNAI		APOLLO GLENEAGLES HOSPITAL, KOLKATA	
APOLLO HEALTH CITY, HYDERABAD		INDRAPRASTHA APOLLO, NEW DELHI	

**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 in India

### Chennai Division

[crcourse.chennai@aherf.net](mailto:crcourse.chennai@aherf.net)

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

### Hyderabad Division

[crcourse.hyderabad@aherf.net](mailto:crcourse.hyderabad@aherf.net)

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### Kolkata Division

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### New Delhi Division

[crcourse.delhi@aherf.net](mailto:crcourse.delhi@aherf.net)

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+91 (0)11 268 25612, +91 98182 03393, +91 98103 08076

Website [www.aherf.org](http://www.aherf.org)



## Apollo Hospitals Educational & Research Foundation (AHERF)

### ADMIT CARD FOR INTERVIEW

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



Signature of Candidate

Signature of Convener