

**Post Graduate Diploma in Clinical Research (Full Time)**  
**REGISTRATION FORM**

1. PERSONAL DETAILS	
<b>Name</b> <input style="width: 100%;" type="text"/> <b>Address</b> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <b>City</b> <input style="width: 100%;" type="text"/> <b>State</b> <input style="width: 100%;" type="text"/> <b>Pin</b> <input style="width: 100%;" type="text"/> <b>Tel</b> <input style="width: 100%;" type="text"/> <b>Mob</b> <input style="width: 100%;" type="text"/> <b>Date of Birth</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Day</span> <span>Month</span> <span>Year</span> </div> <b>Email:</b> .....	Affix Your Passport size Photograph

2. ACADEMIC QUALIFICATIONS (Most Recent First)				
Degree	Institution/University	Year	Specialization	Percentage

3. WORK EXPERIENCE IF ANY (Most Recent First)			
Name of the Organization	Period of Employment	Designation	Nature of Job

4. PAYMENT DETAILS	
<b>DD</b> <input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>CHEQUE</b> <input type="checkbox"/>	
<b>DD/Cheque No. :</b> ..... <b>Bank Name:</b> ..... <b>City:</b> .....	

- | 5. CHECK LIST TO SUBMIT THE REGISTRATION FORM   |
|---|
| <ol style="list-style-type: none"> <li>1. Photocopy of your marks card/certificate of your graduation/post graduation.</li> <li>2. Registration fees of 1000 INR in DD/CHEQUE/CASH in favour of “APHETA EDUCATIONAL TRUST” Payable at New Delhi India.</li> </ol> |



Head Office: 201, 2<sup>nd</sup> Floor, South Ex. Tower,  
Masjid Moth, South Ex. Part – II, New Delhi – 110049  
Ph.: 011- 45782279  
Website: [www.aicrindia.com](http://www.aicrindia.com)  
Email : [enquiry@aicrindia.com](mailto:enquiry@aicrindia.com)

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**6. DECLARATION:** The above information provided by me is true and valid. APHETA INSTITUTE OF CLINICAL RESEARCH provides Placement assistance but will not be held responsible for my terms of employment. I understand that APHETA INSTITUTE OF CLINICAL RESEARCH is committed for delivering effective training and support.

DATE: .....

Place: .....

<b>Signature of Applicant</b>

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_

- Cash
- Demand Draft No.
- Cheque No.

From: \_\_\_\_\_ for Registration in PGDCR (Full time). Reg. No.: PGD\_\_\_\_\_

Money Received by: \_\_\_\_\_ Signature \_\_\_\_\_

Please send this completed application form along with your applicable program fee to **Apheta Institute of Clinical Research, No: 201, 2<sup>nd</sup> Floor, South Ex. Tower, Masjid Moth, South Ex. Part – II, New Delhi – 110049 (India)**