

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

1. PERSONAL DETAILS

Name	<input type="text"/>										Affix Your Passport size Photograph
Address	<input type="text"/>										
	<input type="text"/>										
City	<input type="text"/>										
State	<input type="text"/>					Pin	<input type="text"/>				
Tel	<input type="text"/>					Mob	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>		Email:						
	Day	Month	Year								

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

DD **CASH** **CHEQUE**

DD/Cheque No. : **Bank Name:** **City:**

5. CHECK LIST TO SUBMIT THE REGISTRATION FORM

1. Photocopy of your marks card/certificate of your graduation/post graduation.
2. Registration fees of 1000 INR in DD/CHEQUE/CASH in favour of “APHETA EDUCATIONAL TRUST” Payable at New Delhi India.



Head Office: 201, 2nd Floor, South Ex. Tower,
Masjid Moth, South Ex. Part – II, New Delhi – 110049
Ph.: 011- 45782279
Website: www.aicrindia.com
Email : 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:

Signature of Applicant

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, 2nd Floor, South Ex. Tower, Masjid Moth, South Ex. Part – II, New Delhi – 110049 (India)**