

Apollo Hospitals

Application form for Advanced Professional Course in Clinical Research (APCCR)

INSTRUCTIONS

- Please enclose DD for Rupees 500/- drawn in favour of **Apollo Hospitals Enterprise Ltd.**
- Attach copies of the provisional mark sheets and degree certificates.
- The candidate is informed that if after proper scrutiny of his/her application form the details furnished is found incorrect, the candidate is liable to forfeit admission no matter at what stage of the course he/she will be at that time.

Personal Details

Title: Mr. Ms. Dr.

Name:
First Name Middle Name Last Name

Gender: Male Female Date of Birth:
DD MM YY

Mobile no: Email Id:

Father's/Husband's Name:

Father's/Husband's Contact Number:

Current Address:

Permanent Address:

*ATTACH
PHOTOGRAPH*

Choice of Campus

Ahmedabad Chennai Hyderabad Kolkata New Delhi

Educational Details

Course	Year of completion	University	Percentage
PG (if any)			
Graduation			
Intermediate			
High School			

Professional experience (if any)

Company	Date of Joining	Duration	Designation

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge.

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 Details

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<p>Kolkata Dr. Karabee Mukherjee +91 33 2320 3040/2320 2122 Extn: 5621, +91-9804000434 Email: crcourse.kolkata@apolloari.com</p>	<p>New Delhi Ms. Sunita Kumari, +91 (0)11- 2682 5612, +91 9560054650 Email: crcourse.delhi@apolloari.com</p>	<p>Toll Free Number 18004252339 crcourse_ari@apollohospitals.com info@apolloari.com</p>