

Application Form: Diploma in Clinical Data Management (DCDM)

First Name: Last Name:

Date of Birth: / / (DD/MM/YYYY) Sex:

Address for Correspondence:

Contact Number(s): E-mail (Required):

Academic Qualifications (Please attach self-attested photocopy of highest qualification along with this form)

Degree: Year of Passing:

Institution/University:

Work Experience:

Name of the Organization: Designation:

Payment Details:

Demand Draft (in favor of **BioMed Research And Analysis Pvt. Ltd.**, payable at **New Delhi**)

DD No: Dated: / / Amount:

Cash/Bank Transfer

DECLARATION BY THE APPLICANT

I hereby declare that I have read the Information brochure and understood the eligibility conditions for enrolment in Diploma in Clinical Data Management (DCDM). I fulfill the eligibility criteria and I have provided necessary information in this regard. In the event of any incorrect or misleading information, my candidature shall be liable for cancellation at any time and I shall not be entitled to any claim for readmission/reimbursement/certification.

I also understand that:

- No employment or recruitment is guaranteed by BioMed pursuant to accomplishment of this program.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- BioMed reserves the right to change the rules and regulations from time to time in its sole and absolute discretion. If any such change is made, the latest amended rule/regulation would be applicable.
- The fee paid by me for the program is non-refundable, non-transferable under any conditions whatsoever.
- Information on the activities of BioMed will be sent to me via e-mail/sms and I agree to receive all such information.

Date

(Signature of the Applicant)

Application completed in all respects should be sent to the:
Course Coordinator, BioMed Research & Analysis Pvt Ltd,
805, Satpura Tower, Kaushambi, Ghaziabad (U.P.) 201010