

Application Form: Advance Certificate in Clinical Research (ACCR™)

No column should be left blank. All entries to be made in block letters

Affix your passport size photograph here

For office use only:

Received on..... Enrolment number allotted Acknowledged on.....

Name:.....

Date of Birth: (DD/MM/YYYY)

Sex: (M/F)

Address for Correspondence:

.....

Contact Number(s): **E-mail (Must):**

Academic Qualifications (Please mention the highest qualification)

Examination Passed	University	Year	Division/Comments if any

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

Payment Details: DD in favor of **Catalyst Clinical Services Pvt. Ltd.** payable at Delhi.

DD No..... Dated..... for Rs..... Drawn on.....

To be filled by Working Professionals only:

Designation:.....

Name of the Organization:..... **Experience (in yrs.):**.....

DECLARATION BY THE APPLICANT

I here by declare that:

- I have read the Information brochure and understood the eligibility conditions for enrolment in the ACCR™ Program. 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 Catalyst Clinical Services Pvt. Ltd. pursuant to completion of this program.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- Catalyst would not be responsible or liable towards any accident/injury or loss, if caused to me while pursuing this program.
- Catalyst Clinical Services Pvt. Ltd. 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 enrolment in ACCR™ Program is subject to the realization of program fee. Catalyst Clinical Services Pvt. Ltd. is not responsible for postal delays or loss of study material during transit.
- The fee paid by me for the program is non-refundable, non-transferable under any circumstances whatsoever.

Date:

(Signature of the Applicant)

Application completed in all respects should be sent to the:
Program Coordinator - ACCR™; Catalyst Clinical Services Pvt. Ltd.
119, State Bank Colony, G. T. Karnal Road, Delhi – 110009 (India)
Ph: 011-27466248 Telefax: 011-42384005, Email: info@catalystclinicalservices.com