

## Application Form: Advance Certificate Program(s) in Clinical Research

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.....

Course Opted:  Project Management  Clinical Trial Monitoring  Scientific Writing and Creation of Essential Documents

Name:.....

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

Sex: ..... (M/F)

Address for Correspondence: .....

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

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

Examination Passed	University	Year	Division/Comments if any

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

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

Clinical Research Experience:

Name of the Organization	Current Designation	Experience (Yrs.)

### DECLARATION BY THE APPLICANT

I here by declare that:

- I have read the Information brochure and understood the eligibility conditions for enrolment in Advance Certificate Program(s) in Clinical Research. 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 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 Advance Certificate Program(s) in Clinical Research 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 – Advance Certificate Program(s); Catalyst Clinical Services Pvt. Ltd.**

119, State Bank Colony, G. T. Karnal Road, Delhi – 110009 (India)

Ph: 011-27466248 Telefax: 011-42384005, Email: contact@catalystclinicalservices.com