

Application Form

Affix your passport size photograph here

For office use only:				
Received on	Enrolment number allotted Ack	knowledged o	n	Acad. Year
Course Name:				
Name of the Candidate:				
Date of Birth: (DD/MM/YYYY)		Gender: (M/F)		
·				
Contact Number(s):				
Examination Passed	University		Year	Percentage/Division
(Please attach self-attested photo	ocopy of highest qualification along with this form)			
Payment Details: DD in favor of Alchemy Clinical Research Services payable at Nagpur. DD No				
To be filled by Working Pr	•			
			Experience (i	n yrs.):

DECLARATION BY THE APPLICANT

I hereby declare that:

• I have read the Information brochure and understood the eligibility conditions for enrolment in the Post Graduate Diploma Program in Clinical Research (PGDCR/PGDCDM/PGDP). 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 Alchemy Clinical Research Services pursuant to completion of this program.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- The Alchemy Institute 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 Post Graduate Diploma Program is subject to the realization of program fee. Alchemy Clinical Research Services 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)

Mobile: +91 94230 62463 Email: info@alchemyclinical.in