

Application Form: CLINILEARN.....

..... Program

Affix your passport size photograph here

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

For office use only:

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 MANGALORE CLINICAL RESEARCH FOUNDATION payable at MANGALORE
DD No..... Dated..... for Rs.....Drawn
on.....

To be filled by Working Professionals only:

Designation:.....

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

I here by declare that:

- I have read the Information brochure and understood the eligibility conditions for enrolment in the programs offered by CLINILEARN . 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 CLINILEARN. pursuant to completion of the program/programs.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- CLINILEARN would not be responsible or liable towards any accident/injury or loss, if caused to me while pursuing this program.
- CLINILEARN and MCRF 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 Program is subject to the realization of program fee. CLINILEARN. 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 WITH DATE)

MANGALORE CLINICAL RESEARCH FOUNDATION

C-11,1ST FLOOR,Alrahaba Plaza,,Nellikai road,Near State Bank of IndiaMangalore-575001,Karnataka,INDIA.tel:91 824
4265385,fax:91 824 4264975