



APPLICATION FORM  
COURSE NAME:

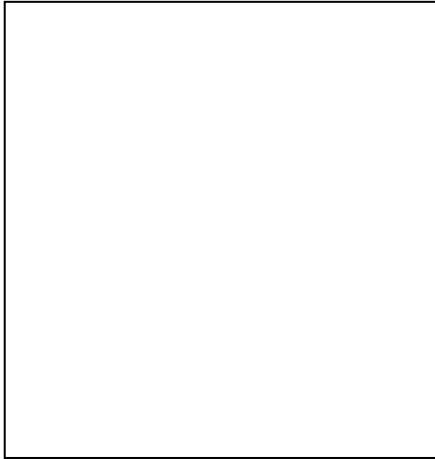
(AFFIX PHOTO)

FIRST NAME:

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LAST NAME:

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DATE OF BIRTH (DD/MMM/YYYY):

AGE:

SEX(M/F):

ADDRESS FOR CORRESPONDENCE:

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CONTACT NUMBER:

EMAIL ID:

ACADEMIC QUALIFICATION:

(PLEASE ATTACH SELF ATTESTED PHOTOCOPY OF HIGHEST QUALIFICATION AND ID PROOF ALONG WITH THIS FORM)

DEGREE:

YEAR OF PASSING:

INSTITUTE/UNIVERSITY:

WORK EXPERIENCE (Y/N):IF YES ELABORATE

NAME OF ORGANIZATION:

DESIGNATION:

DECLARATION BY THE APPLICANT:

- i. I HEREBY DECLARE THAT I HAVE READ AND UNDERSTOOD THE ELIGIBILITY CONDITIONS FOR ENROLLMENT IN THE PROGRAM.
- ii. I FULFILL THE ELIGIBILITY CRITERIA AND I HAVE PROVIDED THE NECESSARY INFORMATION IN THIS REGARD.
- iii. IN THE EVENT OF ANY FALSE OR MISLEADING INFORMATION THE CANDIDATE SHALL BE LIABLE FOR CANCELLATION AT ANY TIME AND I SHALL NOT BE ENTITLED TO ANY CLAIM FOR READMISSION/REIMBURSEMENT/CERTIFICATION
- iv. I ALSO UNDERSTAND THAT :
  - a) NO EMPLOYMENT /RECRUITMENT IS GUARANTEED BY FINENESS INSTITUTE OF CLINICAL RESEARCH UPON ACCOMPLISHMENT OF THIS PROGRAM.
  - b) NO REPRESENTATION AS REGARD TO AFFILIATION OF THE PROGRAM FROM ANY UNIVERSITY OR GOVERNMENT EDUCATIONAL INSTITUTE IS MADE.
  - c) FINENESS INSTITUTE OF CLINICAL RESEARCH RESERVES THE RIGHT TO CHANGE RULES OR REGULATIONS FROM TIME TO TIME IN ITS

ABSOLUTE DISCRETION .IF ANY SUCH CHANGES IS MADE THE LATEST AMENDED RULE/REGULATION WOULD BE APPLIED.

- d) THE FEE PAID FOR THE PROGRAM IS NON-REFUNDABLE, NON-TRANSFERABLE.
- e) INFORMATION ON THE ACTIVITIES OF THE COMPANY WILL BE SENT TO ME VIA EMAIL AND I AGREE TO RECEIVE ALL SUCH INFORMATION
- f) ANY UNAUTHORISED USE OF THE PROGRAM MATERIAL WILL BE HELD RESPONSIBLE FOR LEGAL ACTION.

DATE:

SIGNATURE OF APPLICANT: