

Application last date: 15 May 2024

Course start date: 15 June 2024

eHCF School of Medical Informatics, 15, 4th Floor, (eTribe), Pratap Nagar, Mayur Vihar - Phase 1, Delhi 110091, India

ADMISSION APPLICATION FORM (Batch-69)

eHCF School of Medical Informatics promoted by eHealth-Care Foundation

Certificate course in Medical Informatics

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15+ years of Quality Education – Since 2007

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|--|--|-------------------|----------------|---|
| First Name (in Block Letters) | | | | Affix here your latest photo |
| Middle Name (in Block Letters) | | | | |
| Last Name (in Block Letters) | | | | |
| Postal Address (in Block Letters) | | | | |
| | | | | |
| City | | Zip / Postal Code | | |
| State | | Country | | |
| Nationality | | | | |
| Telephone (ISD/ STD Code) | | | | |
| Mobile Number (ISD Code) | | | | |
| Email (in Block Letters) | | | | |
| Categories | <input type="checkbox"/> Candidate from India - INR 4000 | | | |
| | <input type="checkbox"/> Candidate from Other Countries - US\$ 75 | | | |
| Educational Qualifications | | | | |
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| Professional Experience (Designation & Organization/ Company/ Hospital name) | | | | |
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| <input type="checkbox"/> Wire Transfer Details | | | | |
| <input type="checkbox"/> Cheque / DD Number | | | | |
| Bank Name | | | | |
| Place of Issue | | Date of Issue | __ / __ / 2024 | |
| | Why you want to pursue this course? Answer in 10-20 words. | | | |
| Signature of Candidate | | | | |
| Date: __ / __ / 2024 | City: | State: | Country: | |
| For eHCFSMI Office Use: | | | | |

Note: Cheque / Demand Draft should favour 'EHC SCHOOL OF MEDICAL INFORMATICS, payable at New Delhi, India'

eMail : haque@ehealth-care.net