Application last date: 15 November 2025   Course start date: 15 December 2025

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

ADMISSION APPLICATION FORM (Batch-75)
eHCF School of Medical Informatics promoted by eHealth-Care Foundation
Certificate course in Medical Informatics
Three Months Distance Learning Program
15+ years of Quality Education – Since 2007

First Name (in Block Letters)				Affix here
Middle Name (in Block Letters)				your
Last Name (in Block Letters)				latest
Postal Address (in Block Letters)				photo
City		Zip / Postal Code		
State		Country		
Nationality				
Telephone (ISD/ STD Code)				
Mobile Number (ISD Code)				
Email (in Block Letters)				
Categories	☐ Candidate from India - **INR 3000**			
	☐ Candidate from Other Countries - **US$ 50**			
Educational Qualifications				
Professional Experience (Designation & Organization/ Company/ Hospital name)				
☐ Wire Transfer Details				
☐ Cheque / DD Number				
Bank Name				
Place of Issue		Date of Issue	__ /__ /2025	
Signature of Candidate	Why you want to pursue this course? Answer in 10-20 words.			
Date: ___ /___ /2025	City:	State:	Country:	
For eHCFSMI Office Use:				

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

eMail: haque@ehealth-care.net