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

ADMISSION APPLICATION FORM (Batch-77)
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)			
Last Name (in Block Letters)			your
Postal Address (in Block Letters)			latest
City		Zip / Postal Code	photo
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	__ /__ /2026

	Why you want to pursue this course? Answer in 10-20 words.
Signature of Candidate	

Date: ___ /___ /2026	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