

Application last date: 15 November 2026

Course start date: 15 December 2026

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

ADMISSION APPLICATION FORM (Batch-79)

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 (Block Letters)				Your latest photo
Middle Name (Block Letters)				
Last Name (Block Letters)				
Postal Address (Block Letters)				
City		Zip / Postal Code		
State		Country		
Nationality				
Telephone (ISD/ STD Code)				
Mobile Number (ISD Code)				
Email (Block Letters)				
Categories	☐ Candidate from India - INR 4000			
	☐ 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	
Signature of Candidate	Why you want to pursue this course? Answer in 10-20 words.			
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