



# INDIAN INSTITUTE OF CLINICAL RESEARCH & MANAGEMENT

## POST GRADUATION DIPLOMA IN CLINICAL RESEARCH AND MANAGEMENT (PGDCRM)

For office use only:

Application received on:..... Enrolment number allotted:..... Acknowledged on:.....

Name:.....

Date of Birth: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY) Sex: Male / Female

Affix your passport size photo

Address for Correspondence:

.....  
.....  
..... Pin: .....

Tel.: (M) ..... (R).....

E-mail: .....

Academic Qualifications (Please mention the highest qualification)

Examination Passed	University	Year	Division/Comments if any

(Please attach self-attested photocopy of highest qualification along with this form)

Payment Details: DD in favour of **Indian Institute of Clinical Research & Management** payable at Nagpur.

DD No \_\_\_\_\_ for Rs. \_\_\_\_\_ DD Drawn from Bank : \_\_\_\_\_ Dated \_\_\_\_\_

### DECLARATION BY APPLICANT

I \_\_\_\_\_ here by declare that:

- I have read and understood the eligibility conditions for enrolment in PGDCRM & I fulfill the minimum eligibility criteria and I have provided necessary information. In the event of any incorrect or misleading information, my candidature shall be liable for cancellation at any time and I shall not be entitled to readmission/reimbursement/certification.
- No employment or recruitment is guaranteed by Indian Institute of Clinical Research & Management pursuant to completion of this program.
- IICRM, Nagpur reserves the right to change the rules & regulations from time to time in its sole and absolute discretion. If any such change is made, the rule/regulation would be applicable.
- In case of any dispute, the jurisdiction will be in the Nagpur District Court, Nagpur only.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- The enrolment in PGDCRM program is subject to the realization of program fee. Indian Institute of Clinical Research & Management is not responsible for post of study material during transit.
- The fee paid by me for the program is non-refundable, non-transferable under any circumstances whatsoever.

Date: (Signature of the Applicant)

Applications should be sent to the:  
**Director, Indian Institute of Clinical Research & Management**  
8, Hanuman Nagar, Beside Tajshree Yamaha, Medical Square, Nagpur, Maharashtra, India  
Mobile: 09823402090, Email: info@iicrm.org