



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
Photo
Here

Address for Correspondence:

.....

.....Pin:

Tel.: (M) (R)

E-mail:

Academic Qualifications (Please mention the highest qualification First)

Examination Passed	University	Year	Division/Comments if any

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

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 t 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.
- Incase 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