

Application Form: For Professional Diploma in Clinical Trial Management (PDCTM)

No column should be left blank; all entries to be made in block letters

For office use only:

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

Affix your passport size photograph here

Name:.....**Father / Spouse Name:**.....

Date of Birth: (DD/MM/YYYY) **Sex:** (M/F)

Address for Correspondence:

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

E-mail (Must):.....

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 drawn in the favor of “KPS Clinical Services Pvt. Ltd” Payable at Greater Noida

Crossed Demand Draft No..... Name of Bank, for Rs.....Dated.....

Achievements & Experience in the health care field:

Achievements & Experience	Type	Years

DECLARATION BY APPLICANT

I here by declare that: I have read and understood the eligibility conditions for enrolment in the PDCTM & I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. 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 any claim for readmission/reimbursement/certification.

I also understand that:

- No Job guaranteed by KPSCS pursuant to completion of this Program.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- KPSCS would not be responsible or liable towards any accidents/injury or loss, if caused to me while pursuing this program.
- The fee paid by me for the respected program is non-refundable, non-transferable under any circumstances whatsoever.
- KPSCS 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 latest amended rule/regulation would be applicable.
- The enrolment in program(s) is subject to the realization of program fee.

Date: **(Signature of the Applicant)**

Applications complete in all respects should be sent to the:
 Program Director: KPS Clinical Services Pvt. Ltd.

ECO-69, Ecotech II, Building material market, Opp. Mosearbear, Surajpur Kasna Road, Greater Noida, G.B Nagar U.P. (India)-201306

Phone: 0120- 4231720 M: 09873038019, 09873022365

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Email: contact@kpsclin.com , info@kpsclin.com **Web:** www.kpsclin.com