

Application last date: 15 November 2020

Course start date: 15 December 2020

eHCF School of Medical Informatics, B-5, 2<sup>nd</sup> Floor, Street #-13, Madhu Vihar, I P Extension, New Delhi-110092, India

## ADMISSION APPLICATION FORM (Batch-55)

eHCF School of Medical Informatics promoted by eHealth-Care Foundation

### Certificate course in Medical Informatics

Three Months Distance Learning Program

**10+ years of Quality Education – Since 2007**

First Name (in Block Letters)				Affix here  your  latest  photo
Middle Name (in Block Letters)				
Last Name (in Block Letters)				
Postal Address (in Block Letters)				
City		Zip / Postal Code		
State		Country		
Nationality				
Telephone (ISD/ STD Code)				
Mobile Number (ISD Code)				
Email (in Block Letters)				
Categories	<input type="checkbox"/> Candidate from India - <b>INR 4000</b>			
	<input type="checkbox"/> Candidate from Other Countries - <b>US\$ 100</b>			
Educational Qualifications				
Professional Experience (Designation & Organization/ Company/ Hospital name)				
<input type="checkbox"/> Wire Transfer Details				
<input type="checkbox"/> Cheque / DD Number				
Bank Name				
Place of Issue		Date of Issue	__ / __ / 2020	
Signature of Candidate	Why you want to pursue this course? Answer in 10-20 words.			
Date: __ / __ / 2020	City:	State:	Country:	
For eHCFSMI Office Use:				

**Note:** Cheque / Demand Draft should favour 'EHCF SCHOOL OF MEDICAL INFORMATICS, payable at New Delhi, India'