

Application last date: 15 February 2021

Course start date: 15 March 2021

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

ADMISSION APPLICATION FORM (Batch-56)

eHCF School of Medical Informatics promoted by eHealth-Care Foundation

Certificate course in Medical Informatics

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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 - INR 4000			
	<input type="checkbox"/> Candidate from Other Countries - US\$ 100			
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	__ / __ / 2020-21	
Signature of Candidate	Why you want to pursue this course? Answer in 10-20 words.			
Date: __ / __ / 2020-21	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