

Application last date: 15 November 2021

Course start date: 15 December 2021

eHCF School of Medical Informatics, B-5, 3rd Floor, Street #-13, Madhu Vihar, I P Extension, New Delhi-110092, India

ADMISSION APPLICATION FORM (Batch-59)

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 - 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	__ / __ / 2021
Signature of Candidate		Why you want to pursue this course? Answer in 10-20 words.		
Date: __ / __ / 2021	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