



Application Form for Enrollment

Professional Certification in Clinical Research and Management

1. PERSONAL DETAILS						
Name	<input type="text"/>			Affix your Passport Size Photograph		
Address	<input type="text"/>					
	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>		Pin	<input type="text"/>
Tel	<input type="text"/>	Mob	<input type="text"/>			
Email		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>		

2. ACADEMIC RECORD				
Qualification	University/Institute	Marks(%) / Grade	Year of Passing	Any comments
BPharm/MBBS/BDS/BSc...etc				

3. OCCUPATION DETAILS
<input type="checkbox"/> Full-time Student <input type="checkbox"/> Full-time Employee <input type="checkbox"/> Intern(Housemanship)
Details (Eg: I'm doing my Internship I'm enclosing provisional degree certificate/final year marks card / Given a final exam. Results awaited)

4. PAYMENT DETAILS
<input type="checkbox"/> Demand Draft <input type="checkbox"/> Cheque
DD/Cheque No _____ Bank Name _____
City/Town _____

- | 5. IMPORTANT - Enclosures upon filling up this application form, please check if you made the below enclosures |
|---|
| 1. Photocopy of your marks card/certificate of your graduation or post graduation
<small>If you are studying postgraduation, your graduation certificate/marks card will do.</small> |
| 2. Course investment of 14,500/- (inclusive of taxes) in DD/ Cheque favoring "Leads" payable at Bangalore India |

6. DECLARATION: The above information provided by me is true and valid. Leads School of Health provides placement assistance but will not be held responsible for my terms of employment. I understand that Leads School of Health is committed for delivering effective training and support.

Application form and enclosures should be sent to the below address:

Leads School of Health
 Education Division
 #4, 324/62, II Floor, Sarvasheela Complex
 Bellary Main Road, Ganganagar, Bangalore - 32.
 Ph: 91 80 4128 4447; Fax: 91 80 4128 4487.
 email: support@leadsschoolofhealth.com

Place:

Date:

Signature of Applicant