ACMDC/ ☐☐☐☐

PUBLIC HEALTH FOUNDATION OF INDIA | Centre for Chronic Disease Control — WHO Collaborating Centre for Surveillance, Capacity building and Translational Research in Cardio-Metabolic Diseases | Chellaram Diabetes Institute | WORLD HEART FEDERATION®

ADVANCED CERTIFICATE COURSE IN PREVENTION AND MANAGEMENT OF DIABETES & CARDIOVASCULAR DISEASE- CYCLE III

(JUNE 2018 - NOVEMBER 2018)

Participant Enrollment Form

***Name** (In Block Letters) D R .

(Same will be printed on the certificate, If Eligible)

Father's/ Husband's Name

Paste (not Staple) your latest passport size colour photograph

Gender ☐ Male ☐ Female

***Current Affiliation:** ☐ Private { ☐ Pvt. Service ☐ Practice } ☐ Govt. { ☐ Central Govt. ☐ State Govt. } ☐ Others

if other, please specify.....

Medical College/Teaching Affiliation: ☐ Yes ☐ No *If Yes:* ☐ State Govt. ☐ Central Govt. ☐ Private

Communication Address

- **Place of work**

Street

Nearest Landmark

City District

*Pin State

STD Code Phone No

- **Residence**

Street

Nearest Landmark

City District

*Pin State

STD Code Phone No

Preferred Mailing Address ☐ Place of work ☐ Residence

Fax No *Mobile Number

Preferred telephone number for communication

***E-mail Address** (In Block Letters)

Alternate E-mail ID (In Block Letters)

**Mandatory to be filled*

*Date of Birth D D M M Y Y Y Y (Attach proof)

*Medical Council Registration No. (Attach proof)

Date D D M M Y Y Y Y State

***Educational/Academic/Technical/Professional Qualifications** (Attach proof, attach separate sheet if required)

Qualification	College/ Institution/ Board / University	Year
MBBS ☐		
DIP-CARD ☐		
MD ☐	Dept.....	
MS ☐	Dept.....	
DNB ☐	Dept.....	
DM ☐	Dept.....	
Ph.D ☐	Dept.....	
Diploma/ Fellowship/ Certificate Program ☐		

Approximate no. of patient treated in a month?

Approximate no. of patient diagnosed with? Diabetes CVD

***Total Professional/ Clinical Experience** **years**

Details of Experience (Attach proof, attach separate sheet if required)

Designation	Organization	From.... To.....

Any additional information (publications/ presentations/ awards/ scientific scholarships if any)
(Attach separate sheet if required)

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**Mandatory to be filled*

Do you possess computer/ laptop in your workplace/ residence? Yes ☐ No ☐

Do you use internet and check e-mails regularly? Yes ☐ No ☐

Please indicate motivation and benefits you foresee in undergoing this course.

(Please attach a separate sheet if required)

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Signature : .....

Name : .....

Date : .....

Place : .....

D E C L A R A T I O N

I hereby declare that the above mentioned information, which I have provided, is true to the best of my knowledge. I shall participate in the contact sessions organised once in a month on weekend and will devote self-reading time for the entire six modules and participate in the assessments, organised by the offering institution. I understand that by participating in this course, I am enhancing my knowledge and skills related to prevention and management of diabetes and cardiovascular disease and completion of the said course will not entitle me the status of any Endocrinologist/ Diabetologist or Cardiologist. I am aware of the fact that ACMDC is not a degree but only a certificate course with the objective to train doctors in the early diagnosis, prevention and management of cardiovascular complications of diabetes. I will not affix 'ACMDC' adjacent to my name or use it on any board/display. I also give my consent for publishing my feedback/testimonial which I forward to the Secretariat in any report or publication produced by PHFI. I also understand that this certificate course is not recognised Medical Qualification, under section 11 (1) of the Indian Medical Council Act 1956 and the Institution offering this course is neither a medical college or a university nor offering the course in accordance with the provisions of the Indian Medical Act of the University Grants Commission Act.

Date : .....

Name : .....

Place : .....

Signature : .....

RECOMMENDATION OF REGIONAL TRAINING CENTER FACULTY (If required)

I hereby recommend, Dr. NAME OF THE PARTICIPANT ONLY.....

for enrollment in the '**ADVANCED CERTIFICATE COURSE IN PREVENTION AND MANAGEMENT OF DIABETES & CARDIOVASCULAR DISEASE- CYCLE III**' to be conducted in my center starting in **June 2018**. I have verified all the relevant documents and he is eligible for enrollment.

Name & Signature of the Regional Faculty : .....

Place : ..... Date : .....

Check List of attachments with this application form (Please ✔ Tick)

1. Passport Size Photograph (1 pasted and 1 extra copy) ☐
2. Date of Birth Proof
   (High School Certificate/ PAN Card/ Passport/ Driving License) ☐
3. MCI/ State Council Registration Certificate ☐
4. MBBS Degree Certificate ☐
5. DIP-CARD Certificate ☐
6. MD, MS, DM, DNB, Ph.D – Degree (whichever is applicable, please attach all if applicable) ☐
7. Any other additional certificate for proof of diabetes/ CVD certification or fellowship ☐
8. Experience Certificates ☐
9. Demand Draft for **INR 12,000/-** drawn in favour of
   '**Public Health Foundation of India**' payable at New Delhi ☐

Demand Draft No. ☐☐☐☐☐☐☐☐☐☐☐☐ Dated D D M M Y Y Y Y

Name of Bank & Branch.....

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NEFT Details:
Account Name: Public Health Foundation of India
Bank Account: State Bank of India
Branch Address: SCO No. 36, Sector - 31, Gurgaon - 122002
Account Number: 35781511132
IFSC Code: SBIN0011569

Please mail this form along with the required documents to:

Program Secretariat- ACMDC
Public Health Foundation of India
Plot No. 47, Sector - 44, Gurgaon, Haryana - 122002, India
Tel: +91 124 4781400, Extn: 4583, 4584
Email: acmdc@phfi.org
Web: www.phfi.org/ www.acmdc.org.in

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