

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 display my name as "Cardio-Diabetes Specialist" anywhere after completion of this course. 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 **March 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)	<input type="checkbox"/>								
2. Date of Birth Proof (High School Certificate/ PAN Card/ Passport/ Driving License)	<input type="checkbox"/>								
3. MCI/ State Council Registration Certificate	<input type="checkbox"/>								
4. MBBS Degree Certificate	<input type="checkbox"/>								
5. DIP-CARD Certificate	<input type="checkbox"/>								
6. MD, MS, DM, DNB, Ph.D – Degree (whichever is applicable, please attach all if applicable)	<input type="checkbox"/>								
7. Any other additional certificate for proof of diabetes/ CVD certification or fellowship	<input type="checkbox"/>								
8. Experience Certificates	<input type="checkbox"/>								
9. Demand Draft for INR 12,000/- drawn in favour of 'Public Health Foundation of India' payable at New Delhi	<input type="checkbox"/>								
Demand Draft No. <input style="width: 100px; height: 20px;" type="text"/>	Dated <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Name of Bank & Branch.....									

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

