



SRI SAI CLINICAL RESEARCH INSTITUTE (SCRI)

(Training Division)

MICRO THERAPEUTIC RESEARCH LABS PVT LTD

No.6,Rajam Bhavanam,Kamarajar Salai,East Tambaram, Chennai-600059

Tamil Nadu, India.

COURSE REGISTRATION FORM

- Post Graduate Certificate in Clinical Research (PGCR)
 Post Graduate Certificate in Clinical Data Management and Statistics (PGCDM)
 Post Graduate Certificate in Bio-Analytical Instrumentation (PGBI)

Enrolment No.: SCRI/2011/Batch5/

(For Office Use Only)

All columns are compulsory, No column should be left blank, all in block letters

1. Candidate Name _____
First Name Last Name

2. Father's/Mother's Name _____

3. Date of Birth

D	D	M	M	Y	Y	Y	Y
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4. Sex

M	F
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PASTE ATTESTED
PASSPORT SIZE
PHOTOGRAPH

5. Address

Residential address	Work address (If applicable)
Pin Code	Pin Code
Tel:	Tel:
Mobile:	Mobile:
E-Mail:	E-Mail:
All communications to be addressed to (tick any one)	
Residence <input type="checkbox"/>	Work <input type="checkbox"/>

6. Academic Qualifications

Exam Passed	Board/University	Year	Result with Percentage

7. Work Experience (If applicable)

Name of Organization	Designation	Total No. of work Experience (in years)

For Office Use Only:

Payment Details : FULL PAYMENT INSTALLMENT

Mode of Payment: CASH \ DEMAND DRAFT \ CHEQUE

If you pay course fee through DD, please fill the below details

Demand Draft No.: _____ Date: _____

Drawn on (Bank) _____ for
Rs. _____ (Demand draft must be drawn in favour of “Sri Sai Clinical Research Institute Pvt Ltd” payable at Chennai. Candidate should write his/her name and address on the back of the demand draft)

Signature of the candidate: _____ Date: _____

**Enclosures: 2 Photographs and Photocopy of last examination passed / degrees obtained.
Photocopy of this form can be used.**

Declaration by applicant

I here by declare that:

- I have read and understood the eligibility conditions for enrolment in the Post Graduate Certificate in _____ and I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any incorrect or misleading information, my candidature shall be liable for cancellation at any time and I shall not be entitled to any claim for readmission/reimbursement/certification.

I also understand that:

- No employment or recruitment is guaranteed by MTR/Sri Sai Clinical Research Institute (SCRI) pursuant to completion of this program.
- The certificate will be issued after completing the course, subject to fulfilling the terms and conditions of MTR/SCRI.
- MTR/SCRI would not be responsible or liable towards any accidents/injury or loss, if caused to me while pursuing this program.
- The fee paid by me for the program is non-refundable, non-transferable under any circumstances whatsoever.
- MTR/SCRI reserves the right to change the rules & regulations from time to time in its sole and absolute discretion. If any such change is made, the latest amended rule/regulation would be applicable.
- The enrolment in Post Graduate Certificate in _____ and continuing the program is subject to the realization of program fee.

Place:

Date:

Signature of the candidate