



CHANRE RHEUMATOLOGY & IMMUNOLOGY CENTER & RESEARCH

(Specialized Center in Rheumatology, Autoimmune Disease, Allergy, Immuno-Deficiency & Immuno-Hematology)
No. 414/65, 20th Main, West of Chord Road, 1st Block, Rajajinagara, Bengaluru – 560010
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Application for Certification Course in Clinical Research

Name: _____

Address: _____

City: _____ State: _____ PIN: _____

Phone: _____ Mobile: _____ Email Id: _____

Essential Qualification

B.Sc (Life Science) Subjects: _____

M.Sc (Life Science) Specialization: _____ BE (Biotechnology) MBBS BDS

B.Pharma M.Pharma

Graduation/ Expected year of graduation: _____

Name of the Institute/ University: _____

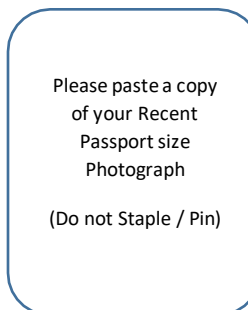
Attachments

Resume* Degree certificate

DISCLAIMER AND SIGNATURE

I certify that my statements are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.



Signature:

Date:

Place:

For submission: Scan copy of the duly filled form along with resume (mandatory) and degree certificate (if available) to be sent by email to secretarialassistant@chanrericr.com