# Which Certification Course do you want to apply for (Pharmacovigilance, Clinical Data Management, Both)

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# Personal Details

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|  | **Applicant** | **Applicant’s Parent/Guardian** |
| First Name |  |  |
| Middle Name |  |  |
| Last Name |  |  |
| Postal Address |  |  |
| Contact Number (Mobile/Landline) |  |  |
| Email ID |  |  |
| Date of Birth |  | Not Required |
| Gender |  | Not Required |
| Nationality |  | Not Required |

# Academic Qualifications

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| **Examination** | **Board/University** | **Year** | **Subjects** | **Marks/Percentage** |
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# Any Other Relevant Information

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# Course Requirements

# (Please type Yes or No in the box below the question)

1. Do you have a laptop/desktop computer that can be used to access the course online?

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1. Do you currently have/will be able to arrange for high-speed internet to allow you to attend video call based lectures online?

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1. Will you be able to external course mandated software (eg: Data Management software, Microsoft Teams) on your PC/laptop?

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1. Does your PC/laptop have a working webcam that can be used for course lecture participation?

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