

Application Form: Professional Certificate in Pharmacovigilance

No column should be left blank. All entries to be made in block letters

Affix your passport size photograph here

For office use only:

Received on..... Enrolment number allotted Acknowledged on.....

Name:.....

Date of Birth: (DD/MM/YYYY)

Sex: (M/F)

Address for Correspondence:

Contact Number(s): E-mail (Must):

Academic Qualifications (Please mention the highest qualification)

Examination Passed	University	Year	Division/Comments if any

(Please attach self-attested photocopy of highest qualification along with this form)

Payment Details: DD in favor of **Catalyst Clinical Services Pvt. Ltd.** payable at Delhi.

DD No..... Dated..... for Rs..... Drawn on.....

To be filled by Working Professionals only:

Designation:.....

Name of the Organization:..... Experience (in yrs.):.....

DECLARATION BY THE APPLICANT

I here by declare that:

- I have read the Information brochure and understood the eligibility conditions for enrolment in the Professional Certificate in Pharmacovigilance (PCPV) Program. I fulfill the 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 Catalyst Clinical Services Pvt. Ltd. pursuant to completion of this program.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- Catalyst Clinical Services Pvt. Ltd. reserves the right to change the rules and 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 PCPV Program is subject to the realization of program fee. Catalyst Clinical Services Pvt. Ltd. is not responsible for postal delays or loss of study material during transit.
- The fee paid by me for the program is non-refundable, non-transferable under any circumstances whatsoever.
- I will receive information on various training programs, industry news and promotional offers from Catalyst Clinical Services Pvt. Ltd. and group companies via e-mail and/or SMS and I agree to such access.

Date: (Signature of the Applicant)

Application completed in all respects should be sent to the:

Catalyst Clinical Services Pvt. Ltd.

Unit No. 11, Block-D1, First Floor, CSC-12, Sector-16, Rohini, Delhi – 110089 (India)

Ph: +91-9818356273, +91-8826806862; Email: info@catalystclinicalservices.com