



SYMBIOSIS CENTRE OF HEALTH CARE (SCHC)

Senapati Bapat Road, Pune – 411004.

Tel. : +91 20 25655023/25678680 (Ext. – 226/247/221/205)

Email: info@schcpune.org. Website: www.schcpune.org

APPLICATION FOR THE PROSPECTUS & APPLICATION FORM

I wish to apply for the prospectus of:-

- Post Graduate Diploma in Hospital and Health Care Management (PGDHHM)
- Post Graduate Diploma in Medico Legal Systems (PGDMLS):
- Certificate Course in Clinical Research (CCCR)
- Diploma in Fitness Training (DFT)

Name of applicant: (to be filled in block letters):

Address _____

_____ City _____ State _____

Pin Code _____ Country _____

Tel. No. (with STD/ISD codes) (Office) _____ (Res.) _____

Mobile _____ Email Address _____

PAYMENT DETAILS

Enclosed Demand Draft of **Rs.1100** (NRI & Overseas students: **US \$ 75**) drawn in the name of **Symbiosis Centre of Health Care**, payable at Pune _____ dated _____ drawn on (Bank name)

Date :

Signature of Applicant :