## Application Form

## Advance certificate course in Pharmacovigilance (ACCP) Please fill all entries in BLOCK letters

Photo

Course interested in: 3 (Please click)	3 Months	6 Mo	nths					
Name of Candidate:								
Father's Name:								
Date of Birth:								
Address: (With pin code)								
Email ID:								
Contact Numbers: (Whatsapp prefer)								

## **Educational Qualifications:**

(Please attach self-attested photocopies along with the application form)

Name	College/University	Year of Passing	% Marks	Comments
10				
10+2				
B.Pharmacy				
M.Pharmacy				
PhD				
Other				

**Courses Fee Details:** (Please attach fee submission photocopies along with the application form and email to globalpharmacovigilanceschool@gmail.com or Whatsapp at +91-7681914757).

## Declaration by the student:

Date:

Received on:

Registration number:

- I have read the information placed at the website and understood the eligibility conditions for enrolment in the Advance Certificate course in Pharmacovigilance (ACCP) 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 understand that no employment or recruitment is guaranteed by Global Pharmacovigilance School pursuant to completion of this program. The course which you are applying to take admission is run by Global Pharmacovigilance School, self-governed learning educative body which is not approved by AICTE, UGC or any other body and is run only by experts in the fields. The course does not provide assurance for placement.
- The fee paid by me for the program is non-refundable, non-transferable under any circumstances whatsoever.
- In the condition of failure or delay in the submission of assignment set, the fine or charges as decided by the program coordinator shall be applicable.

Place:

Approved: Yes or No

Signature:

Name of Candidate:	Signature:	
Documents required for submission:		
<ol> <li>Application form (Fully filled)</li> <li>Qualifications photocopies (Self attested)</li> <li>Online fee submission copies</li> </ol>		
Note: Please also keep a copy of relevant documents wit	h you for future use	
Please send above documents to:		
Program Coordinator		
Global Pharmacovigilance School		
Mohali-140301, Punjab, India		
E-mail: globalpharmacovigilanceschool@gmail.com		
Website: www.globalpvschool.com		
Phone: +91-7681914757		

For office use only