



ALDOS

Application Form: AMCB CMCB CCP-10 AAPC / AHIMA EXAM PREP

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 :

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)

Please tell us how you came to know about ALDOS :

Payment Details (Tick applicable):

DD in favour of **ALDOS MEDICAL SERVICES PVT LTD** payable in **BANGALORE**.

DD No Dated for Rs ----- Bank

BANK DEPOSIT / NET BANKING: HDFC BANK LTD: INDIRA NAGAR, BANGALORE - 38

Acc. No: 01842000010252 Acc. Name: ALDOS MEDICAL SERVICES PVT LTD IFSC Code: HDFC0000184

CREDIT / DEBIT CARD

OTHER PAYMENT MENTHOD **Reference Number:**

To be filled by Working Professionals only:

Designation:

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

DECLARATION BY THE APPLICANT

I hereby declare that:

- I have made payment through DD /Bank Deposit / Net Banking / Credit, Debit Card / Others in favour of ALDOS MEDICAL SERVICES PVT LTD for Rs..... along with this application form.
- I have read the Information brochure and understood the eligibility conditions for enrolment in courses offered by ALDOS MEDICAL SERVICES PVT LTD. I fulfil 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 ALDOS MEDICAL SERVICES PVT LTD, pursuant to completion of these courses.

- No representation as regards affiliation of the courses from any university or government educational institute is made by ALDOS MEDICAL SERVICES PVT LTD.
- ALDOS MEDICAL 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 the course is subject to the realization of course fee. ALDOS MEDICAL SERVICES PVT LTD is not responsible for postal delays or loss of study material during transit.
- The fee paid by me for the course is non-refundable, non-transferable under any circumstances whatsoever.

Date:

(Signature of the Applicant)

Application completed in all respects should be sent to the following address:

BANGALORE:

ALDOS MEDICAL SERVICES PVT LTD
#628/2, 1ST FLOOR,
11TH CROSS, INDIRA NAGAR STAGE 1,
BANGALORE,
KARNATAKA - 560038 (INDIA)
Ph: +91 9738429399

KOCHI:

ALDOS MEDICAL SERVICES PVT LTD
32/2309D, 1ST FLOOR,
NELLIPARAMBIL LANE,
OPP. VARKEYS BAKERY,
PALARIVATTOM, KOCHI,
KERALA - 682025 (INDIA)
PH: +91 7736077770

INTERNATIONAL STUDENTS - CALL: +91 9941226226

Web: www.aldoshms.com Email: aldos@aldos.in, mail.aldoshms@gmail.com