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***Global Medical Education and Research Foundation***

**Registered under Societies Act**

Lakdi-ka-pool, Hyderabad-500 004

[www.gmerf.com](http://www.gmerf.com)

**Application Form**

Full Name: …………………………………..

Date of Birth: ………………………………..

Nationality: …………………………………

Mobile no.: ………………………………….

E-mail ID: …………………………………..

**Present Address: Permanent Address**

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**(In case of NRI/ foreign citizen have to provide contact address in India)**

**Educational Qualification (attach the copies in a prescribed fomat):**

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| --- | --- | --- |
| **Degree** | **Institute/ University** | **Year of Passing** |
| **X-** Class |  |  |
| Intermediate |  |  |
| Bachelor’s Degree |  |  |
| Post-graduation |  |  |

Previous experience, if any: ………………………………………………

Purpose to join this course: ………………………………………………

Name of the course applying for: **PG Diploma Course in Molecular Diagnostics**

Signature: Date: