

ICRI EDUCATION CONSULTANT APPLICATION FORM



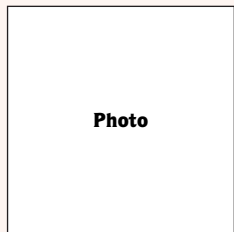
PIONEERING HEALTHCARE AND CLINICAL RESEARCH EDUCATION

Certified ISO 9001:2000

Date: _____

New Education Consultant No.:

Photo



File No: _____

ICRI Counsellor's Name: _____

ICRI Regional Manager: _____

ICRI Zonal Manager: _____

Type of Education Consultant

Professor	<input type="checkbox"/>	Principal	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Student	<input type="checkbox"/>
Coaching Centre	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Librarian	<input type="checkbox"/>	Registrar	<input type="checkbox"/>
Educaton Consultant	<input type="checkbox"/>	Others	<input type="checkbox"/>				

Details to be filled by Coaching Centres

MD/MS Entrance Exam	<input type="checkbox"/>	GRE Exam (Graduate Record Exam)	<input type="checkbox"/>
MSc (Biotech) Entrance Exam	<input type="checkbox"/>	UK Lab Exam	<input type="checkbox"/>
GATE (Life Science)	<input type="checkbox"/>	IFS Exam (Indian Forest Service)	<input type="checkbox"/>
Mpharm	<input type="checkbox"/>	DAE Exam (Defence Academy Entrance Exam)	<input type="checkbox"/>
MBBS	<input type="checkbox"/>	NDA exam is conducted by the Union Public Service Commission (UPSC)	
US MLE Exam (Medical Licensing Examination)	<input type="checkbox"/>	Joint Admission Test to M.Sc (JAM)	<input type="checkbox"/>
OTHERS: _____		All India Pre-Medical/Pre-Dental Entrance Exam (AIPMT)	<input type="checkbox"/>

Details to be filled by Freelancers

	Qualification	University/College	Presently Working In
Professor			
HOD			
Principal			
Registrar			
Librarian			
Doctor			

Contact Details

Section 1

Organization/Freelancer Name:		
Organization/Freelancer Address:		
Street/Building:		
Country/State:	Postal Code/ZIP:	City/Town:
Tel (Incul Area Code):	Fax:	Country:
Tel 1 (Incul Area Code):	Mobile 1:	
Tel 2 (Incul Area Code):	Mobile 2:	
Tel 3 (Incul Area Code):	Mobile 3:	
Email Id:	Website:	

Section 2

Contact Person

Title:	First Name:	Last Name:
Job Title:		Email Id:

Profile Information - Agency/Education Consultant**Section 3**

Year of Establishment:	No. of Employees:
No. of Branches/Centers:	
How many students have you sent in the last 12 months to	UK:
	Singapore:
How many students have you sent in the last 12 months to Colleges/University in India:	
University:	Total No.:
College:	Total No.:
Private Institutions:	Total No.:

Profile Information - Freelancer**Section 4**

Father's Name:	Date of Birth:
Qualification:	Experience:
Others:	
How many students have you sent in the last 12 months to	UK:
	Singapore:
University:	Total No.:
College:	Total No.:
Private Institutions:	Total No.:

Area of Coverage**Section 5**

State:	City:	No. of Colleges:	(List of College names & location to be attached)
		No. of Universities:	(List of University name & location to be attached)
		No. of Private Institution:	(List of Pvt Institution name & location to be attached)
		No. of Coaching Centers:	(List of Coaching Centers names & location to be attached)

Identification Proof**Section 6**

Please submit any one of the following:

Pan Card	<input type="checkbox"/>	Driving Licience	<input type="checkbox"/>
Passport	<input type="checkbox"/>	Voters Card	<input type="checkbox"/>
Ration Card	<input type="checkbox"/>	BSNL / MTNL Telephone Bill	<input type="checkbox"/>

Agreement

I certify that the information provided in this application is complete and accurate. I certify that I have completed the studies represented in the documents submitted. I have read the Terms and Conditions stated on ICRI's Agreement, and I agree to the stated terms and conditions.

Applicant's /Organization Signature

Date: