



**CERTIFICATE COURSE IN EVIDENCE BASED DIABETES MANAGEMENT (CCEBDM)
CYCLE – V (APRIL 2017 – MARCH 2018)**

"The program is recognised for excellence in providing education to primary care physicians in the management of diabetes mellitus by South Asian Federation of Endocrine Societies (SAFES) from 2017-19 & International Diabetes Federation (IDF) from 2014-16"

Participant Enrollment Form

***Name of Participant**
(In Block Letter)

same will be printed on certificate

Father's Name

; YbXYf

Male

Female

***Current affiliation**

Private Practice

Service

Central Govt

State Govt

If other, please specify

Medical college/teaching affiliation

Yes

No

If yes

State

Center

Private

Location of practice

Rural

Urban

***Communication address**

Place of work

Street

Nearest landmark

City

***District**

State

***Pin code**

STD code

Phone

If, same as above

Residence

Street

Nearest landmark

City

***District**

State

***Pin code**

STD code

Phone

Preferred mailing address

Place of work

Residence

Fax No

***Mobile No**

Preferred contact number for communication

Preferred time for communication (between 9:00 AM to 5:00 PM)

***Email address**

Alternate Email address

**Mandatory to be filled*

*Date of birth D D M M Y Y Y Y

Type of registration MCI State

Specify your registration number

*Medical council registration number

Date D D M M Y Y Y Y State

*Educational/Academic/Technical/Professional Qualification (Attach Proof)

Qualification	College/Institution/Board/University	Dept	Year
MBBS			
MD/MS/DNB			
DM			
PhD			
Diploma			
Any other			

Total professional/clinical experience Years

Total years of experience in dealing with diabetes care and management Years

Average number of patients treated per month

Out of all patients treated by you, how many are diabetic patients

Details of Experience

Designation	Organization	From.....	To....

Any additional information (publication/presentation/awards/scientific scholarship if any)

Do you possess computer/laptop in your workplace or residence? Yes No

Do you have internet access to check emails regularly? Yes No

Please indicate motivation and benefits you foresee in undergoing this course..

DECLARATION

I hereby declare that the above mentioned information, which I have provided, is true to the best of my knowledge. I shall participate in the contact sessions organised once in a month on Sunday and will devote self-reading time for the entire twelve modules and participate in the assessments, organised by the offering institution. I also give my consent for publishing my feedback/testimonial which I forward to the Secretariat in any report or publication produced by PHFI. I understand that CCEBDM is not a degree but only a certificate course with the objective of training doctors in prevention and management of diabetes and successful participants are not entitled to mention/call themselves as Diabetologists/Endocrinologists anywhere after completion of this course. I also understand that this certificate course is not recognised Medical Qualification, under section 11 (1) of the Indian Medical Council Act 1956 and the Institution offering this course is neither a medical college or a university nor offering the course in accordance with the provisions of the Indian Medical Act of the University Grants Commission Act.

Signature

Date

Name

Place

RECOMMENDATION OF THE FACULTY (Mandatory)

I hereby recommend Dr. _____ for the enrolment of “**Certificate Course in Evidence Based Diabetes Management, Cycle V**” to be conducted at my center starting in **April 2017**. I have verified all the relevant documents and s/he is eligible for the enrolment.

I also explained to the participant that CCEBDM is not a degree but only a certificate course with the objective of training doctors in prevention and management of diabetes. Successful participants are advised not to mention/call themselves as Diabetologists/Endocrinologists anywhere after completion of this course.

* Signature/E-mail Approval :.....

Date

Name of Faculty

Place

*** In case of online application form, Kindly share email approval from the faculty**

PAYMENT OPTIONS

NEFT DETAILS FOR ONLINE PAYMENT

PUBLIC HEALTH FOUNDATION OF INDIA

Account Branch : HDFC BANK LIMITED

Address : H-7, GREEN PARK
EXTENSION, NEW DELHI

Account No : 05861110000013

RTGS/NEFT IFSC : HDFC0000586

PAN No. : AABAP4445L

PAYMENT THROUGH DEMAND DRAFT

Payment of ₹ 18, 000/- should be in favour

PUBLIC HEALTH FOUNDATION OF INDIA

OR payable at New Delhi

Check list of attachments with this application form (Please ✓ tick)

1. Passport Size Photograph
2. Date of Birth Proof (High School Certificate/ PAN Card/ Passport/ Driving License)
3. MCI/ State Council Registration Certificate
4. MBBS Degree Certificate
5. MD, MS, DM, DNB, Ph. D – Degree (whichever is applicable, please attach all if applicable)
6. Any other additional certificate or fellowship in diabetes
7. Experience certificate
8. Mode of Payment: NEFT Demand Draft

NEFT Reference No./DD No

Date DD MM YYYY

Name of Bank & Branch

In case of online transaction, kindly send your filled application form with reference number and supporting documents to diabetestraining@phfi.org

Please mail this form along with the required documents to:



Program Secretariat- CCEBDM

Public Health Foundation of India

Plot No.47, Sector - 44, Gurgaon, Haryana – 122002, India

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