



Declaration by the applicant

I, Dr. _____, hereby solemnly declare that the information given by me for the purpose of admission to the _____ course conducted by ScholarMD Edvent is true to the best my knowledge and I am responsible for the same. I am well aware that if the whole or part of this information is found to be false, my admission to the course will stand cancelled without any refund of the fees. The official means of communication used for the purposes of the course will be E-mail. I am also aware that the Foetal Medicine training programme / course offered by ScholarMD Edvent is a structured continuing medical education programme, and if admitted to the course, I shall use the knowledge thus gained strictly in a manner that does not violate Code of Medical Ethics Regulations, 2002 of Medical Council of India and / or any provision of Indian Medical Council Act, 1956, and / or any other Indian laws which may be applicable therein.

Signature:

Date:

Name:

Place: