



CERTIFICATE COURSE IN EVIDENCE BASED DIABETES MANAGEMENT (CCEBDM) CYCLE – VI (NOVEMBER 2019 – OCTOBER 2020)

"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"

Participant Enrollment Form

\*Name of Participant (In Block Letters) same will be printed on certificate
Father's Name
Gender Male Female
\*Current affiliation Private Practice 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
\* Mobile No Alternate No
\* Email address
Alternate Email address

\*Mandatory to be filled

CERTIFICATE COURSE IN EVIDENCE BASED DIABETES MANAGEMENT

\*Date of birth

Type of registration  MCI  State Medical Council

Specify your registration number

\*Medical council registration number

Date  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)

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 will provide to the Secretariat in any report or publication produced by PHFI. I understand that CCEBDM is not a degree but 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 a 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/University Grants Commission Act.

Signature

Date

Name

Place

**PREFERENCE OF CENTRE**

(Subject to the availability of seats) \*

Preferred Faculty

Preferred Centre

\* In case of non availability,CCEBDM secretariat will contact you for alternate options

**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 : 50100254381662

RTGS/NEFT IFSC : HDFC0000586

PAN No. : AABAP4445L

**PAYMENT THROUGH DEMAND DRAFT**

Payment of ₹ 20,000/- should be in favour

**PUBLIC HEALTH FOUNDATION OF INDIA**

**OR** payable at New Delhi

***"In case of NEFT transaction, kindly mention CCEBDM course fee in payment remarks"***

**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

Name of Bank & Branch

**Please mail this form along with the required documents to:**



**Program Secretariat- CCEBDM**

**Public Health Foundation of India**

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

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Mob: +91-9555819865, 9810029027, Tel: +91 124 4781400 (Ext. 4513,4509)