

www.medcoders.in

contact@medcoders.in

51/79 - K.M.F.D. Complex,  
Trivandrum Main Road,  
Palayamkottai, Tirunelveli Dist.  
627 002.



South Indian Medical Coding Academy  
— Coding You to Success —



— PHOTO —

## APPLICATION FORM

REGISTRATION NO : \_\_\_\_\_

REGISTERED DATE : \_\_\_\_\_

NAME OF THE STUDENT : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

AGE : \_\_\_\_\_

GENDER : \_\_\_\_\_

FATHER'S / HUSBAND NAME : \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_

CONTACT NO : \_\_\_\_\_

E - MAIL ID : \_\_\_\_\_

EDUCATIONAL QUALIFICATION : \_\_\_\_\_

APPLIED FOR : MEDICAL CODING / CERTIFIED MEDICAL CODING

DURATION : \_\_\_\_\_

TRAINING PROGRAMME : CLASS ROOM TRAINING / ONLINE TRAINING

YOU REACH US BY : \_\_\_\_\_

### TERMS & CONDITIONS

1. The training fee should be paid fully before commencing the course. No part payment will be allowed.
2. The training fee includes the cost of books, tuition fees & certificate.
3. The certificate will be issued only after the approval of the trainer's report.
4. The leaves should be intimated in prior to the trainer.
5. Candidate should abide the rules and regulations of SIMCA. The Management has rights to terminate a candidate in case of any misconducts/misbehaviors in academy premises.

Candidate's Signature

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