



**DECLARATION BY THE APPLICANT**

**I hereby declare that:**

- I have attached a DD in favour of ALDOS MEDICAL SERVICES PVT LTD payable in CHENNAI for Rs.11,000/- along with this application form.
- I have read the Information brochure and understood the eligibility conditions for enrolment in Certificate Medical Coding & Billing (CMCB) Program. I fulfil the eligibility criteria and I have provided necessary information in this regard. In the event of any incorrect or misleading information, my candidature shall be liable for cancellation at any time and I shall not be entitled to any claim for readmission/reimbursement/certification.

**I also understand that:**

No employment or recruitment is guaranteed by ALDOS MEDICAL SERVICES PVT LTD, pursuant to completion of this program.

- No representation as regards affiliation of the program from any university or government educational institute is made.
- ALDOS MEDICAL SERVICES PVT LTD reserves the right to change the rules and regulations from time to time in its sole and absolute discretion. If any such change is made, the latest amended rule/regulation would be applicable.
- The enrolment in CMCB Program is subject to the realization of program fee. ALDOS MEDICAL SERVICES PVT LTD is not responsible for postal delays or loss of study material during transit.
- The fee paid by me for the program is non-refundable, non-transferable under any circumstances whatsoever.

Date:

(Signature of the Applicant)

**Application completed in all respects should be sent to the following address:**

**Course Coordinator – CMCB**

**ALDOS MEDICAL SERVICES  
PVT LTD**

#5, ABOVE ANDHRA BANK,  
KANNIAMMAN KOVIL STREET,  
SHENOY NAGAR,  
CHENNAI,  
TAMILNADU 600030 (INDIA)

Ph: +91 (0) 9282525200, Email: [aldos@aldos.in](mailto:aldos@aldos.in)