



Request for Application

To,

The Course Director

Avanttec Medical Systems (P) Ltd.,
Healthcare IT - Training Division
No.14, R.V.Nagar, 5th Cross Street,
Anna Nagar (East)
Chennai – 600 102.

Kindly send me the application forms of your Healthcare IT training. My address is as follows:

Name : _____
Qualification : _____
Address : _____
: _____
Area: : _____
City: : _____
Pin code : _____
Tel (with STD code): _____

Name of the Institute Studied:

Place:

I came to know about Avanttec's Healthcare IT training through.. (Please tick)

Newspaper Advertisement My friend

Other source _____ (please specify)

Here with I am enclosing Cash / DD for Rs.250/- (Rupees Two hundred Fifty only) towards the cost of prospectus and application.

DD # _____ dated _____ Drawn on _____ place _____.

(Requests with cash should be given in person and requests with DD can be send by post / courier.

Yours Sincerely.

(Name & Signature)



Courses offered by Avanttec:

Sr #	Course Code	Course Name	Duration
1.	HIT	Certified course on Software Development & Implementation in Healthcare domain	6 Months
2.	AHIT	Advanced Certified course on Software Development & Implementation in Healthcare domain	9 Months
3.	HDHIT	Higher Diploma in Software Development & Implementation in Healthcare domain	1 Year

For Further Information please contact,

Course Director,

Avanttec Medical Systems (P) Ltd.,
Healthcare IT – Training Division
No. 14, R.V.Nagar, 5th Cross Street,
Anna Nagar (East)
Chennai – 600 102.

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