Admission Form

Xpert HealthCare Group

THE EDUCATION HUB

Attach a recent passport-size photo here.

Full Name _____

Permanent address _____

Correspondent address

Phone Number _____

Email ID _____

Marital Status (Single/Married/Divorced/Widowed) _____

Aadhar card number _____

PAN card number _____

Qualification _____

Stream (Arts/Commerce/Science with biology) _____

Course

- ☐ Certified Professional Coder (CPC)
- ☐ Certified Professional Biller (CPB)
- ☐ Certified outpatient Coder (COC)
- ☐ Certified Risk Adjustment Coder (CRC)
- ☐ Certified Inpatient Coder (CIC)
- ☐ Certified Professional Coder + Certified Professional Biller (CPC + CPB)

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Signature