



BIOINFORMATICS INSTITUTE OF INDIA

C-56A/28, Sector-62, Noida-201301, UP(NOIDA),
Tele:-0120 - 4320801/02, Mob : 09818473366 ,09810535368,
Website: www. bii.in, e-mail: info@bii.in

Distance Learning Program

Admission / Registration Form

Industry Program in Intellectual Property Rights

Paste your
self attested
photograph

Participation No.
(For Office use only)

All columns are compulsory, No column should be left blank, All in block letters

1. Candidate's Name* _____
(First) (Last)

2. Father's / Husband's Name* _____

3. Date of Birth*
(D D M M Y Y Y Y)

4. Sex Male Female

5. Address for Correspondence* _____

City _____ State _____ Pin _____
Country _____ Nationality _____
Code _____ (O) _____ (R) _____ (M) _____

6. Telephone No. (if any)* _____

7. E-mail* _____

8. Academic Qualifications*

Exam Passed	Board / University	Year	Result with Percentage

9. Work Experience (If Applicable)

Full Name of the organization	Designation	Total Work Exp. (In yrs.)

10. Crossed Demand Draft No. _____ dated _____ Drawn on _____ for Rs. _____ (Bank draft must be drawn in favour of Bioinformatics Institute of India payable at New Delhi/ Delhi. Candidates are advised to write their name and address at the back of demand draft)

**** Important Note:**

The program in which you are seeking participation, is BII's independent knowledge enhancement program, which gives insight about mentioned study areas. The program does not promise any job guarantee nor provides any specific eligibility to pursue higher studies. In case of any dispute, it would have to be got resolved through arbitration under Arbitration and Conciliation Act 1996 by the sole arbitrator appointed by Bioinformatics Institute of India, Noida. The jurisdiction of the same will be to the Courts of District Gautam Buddha Nagar, Noida only. Fee once deposited is neither refundable nor adjustable under any circumstances.

***Mandatory to fill**

****Declaration by the Participant**

I declare that I have carefully read and understood the details of the above program and that i have given the true and correct information while filling up the form. It may be open for the Institute to take action in case any of the information given by me is found incorrect.

Date :

Place :

(SIGNATURE OF THE PARTICIPANT)