# BIOINFORMATICS INSTITUTE OF INDIA

(A unit of strategic Edutech Pvt. Ltd.)
An ISO 9001:2008 Certified Institute
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**e-mail: info@bii.in, Website: www.bii.in**

Paste your self attested photograph

# Application / Registration Form

## Project Training in Bioinformatics

Participation No. (For Office use only) ☐☐☐☐☐☐☐☐☐☐☐ Lab Wet ☐ Dry ☐

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

1. Candidate's Name (As per Matriculation Documents)

2. Father's Name (As per Matriculation Documents)

3. Date of Birth (As per Matriculation Documents) D D M M Y Y Y Y

4. Gender Male ☐ Female ☐ Nationality

5. Address for Correspondence

City PIN

State

Country

6. Telephone No. Code (R)

(M)

7. E-mail

8. Academic Qualifications

| Exam Passed / Pursuing | Board / University | Year | Result with % |
|---|---|---|---|
| | | | |
| | | | |

9. Work Experience (If Applicable)

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

10. How did you come to know about us:

❑ Website ❑ Internet Search ❑ BII Mailer ❑ Friends / Relative/ Brand Ambassador ❑ Advertisement/Poster

11. Crossed Cheque/Demand Draft No. _____ dated _____ Drawn on _____ for _____ (Bank Draft/Cheque/NEFT Must be drawn in favour of **Bioinformatics Institute of India.** Candidates are advised to write their name and address at the back of Demand Draft/Cheque). For NEFT details call or mail us.

**** Important Note:**
The program in which you are seeking participation, is BII's independent knowledge enhancement program, which gives insight about mentioned study areas. In case of any dispute, it would have to be get 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 Candidate**

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 this form. It may be open for the Institute to take action in case any of the information given by me is found incorrect.

| | |
|---|---|
| Project Title : | |
| Project Duration : | |
| Project Incharge Verification : | |
| Start On : | Complete On : |

HOD Signature

Date :

Place:

**SIGNATURE OF THE CANDIDATE**

| For Office Use | | | | |
|---|---|---|---|---|
| Fee Details | Receipt No./DD No. | Dated | Amount | Verified by |
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