



Bioinformatics Institute of India
C-56A/28, Sector-62, Noida-201301, U.P (INDIA)
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Examination Form

**6 Month Proficiency Program In
Medical and Healthcare Informatics
Distance Participation**

Paste your self
attested photograph

Examination April
Nov

Year

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

Participation No.* _____
Name of the Candidate _____
Email _____
Contact No: _____
Address for Correspondence (ONLY in case of change of address) _____

City _____ State _____ Country _____ PIN

Preferred Examination Centre **: I. _____ II. _____ III. _____

Papers (All papers are compulsory)

- Introduction to Medical Informatics
- Healthcare Organization and Management
- Telemedicine
- Hospital and Clinical Information Systems
- Biomedical Engineering

Exam Fees Payment Details:

Crossed demand draft No. _____ dated _____ Drawn on _____
for Rs. _____ (In words _____).

Bank draft must be drawn in favour of " Bioinformatics Institute of India" payable at New Delhi / Noida. Candidates are advised to write their name and address on the back of demand draft

Dated _____
Place _____

(Signature of the candidate)

* As provided by the institute at the time of registration.

* List of Examination Centres: The final exams will be held at the following centers subject to the availability of minimum number of candidates.

Ahmedabad	Bangalore	Chandigarh	Chennai	Hyderabad
Kolkata	Lucknow	Mumbai	Noida	Pune