BIOINFORMATICS INSTITUTE OF INDIA

An ISO 9001:2008 Certified Institute

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E-Learning Programs

Program applied for: (Tick Mark)*

1. Structural, Comparative & Computational Genomics ☐
2. Proteomics: Moving Beyond the Human Genome ☐
3. Pharmacovigilance ☐

Participation No:
(for office use only)

Paste your recent passport size photo here

PERSONAL DETAILS (All in Block Letters)

1. **Name*:**
2. **Father's Name*:**
3. **Date of Birth*:** D D M M Y Y Y Y
4. **Gender*:** ☐ Male ☐ Female
5. **Permanent Address*:** PIN CODE :
6. **Email ID:**
7. **Mobile No*.** Tele.No.

ACADEMIC / WORKING DETAILS

Last Academic Qualification*

Exam Passed	Board / University	Year

Working Experience (if applicable)

Name of Organization	Designation	Total Work Experience

PAYMENT DETAILS

Mode (Tick Mark)* ☐ Cheque ☐ Demand Draft ☐ Cash ☐ Wire Transfer

For Amount (In words) _____

in figure _____

Dated* : D D M M Y Y Y Y

Crossed cheque / DD. No*: **Bank Name**_____ **Cash receipt No:**
(for office use only)

*Mandatory to fill

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. This is not a University / Government Program. 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 BII, 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.Terms ,Conditions and Procedures of Examination , Certificate will be under the jurisdiction of BII NOIDA.

***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 Candidate