



# BIOINFORMATICS INSTITUTE OF INDIA

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## Registration Form 2 Days Workshop on Intellectual Property Rights

Paste your  
self attested  
photograph

**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 \_\_\_\_\_

4. Sex  Male  Female

5. Designation & Area of work \_\_\_\_\_  
\_\_\_\_\_

6. Address for Correspondence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Country \_\_\_\_\_ Nationality \_\_\_\_\_

7. Telephone No. (If any) Code \_\_\_\_\_ (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_

8. E-mail \_\_\_\_\_

9. Academic Qualifications: \_\_\_\_\_

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

**Important Note:** Fee once deposited is neither refundable nor adjustable under any circumstances.

### 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)