



# BIOINFORMATICS INSTITUTE OF INDIA

A unit of Strategic Edutech Pvt. Ltd.  
An ISO 9001:2008 Certified Institute

H-109, Sector-63, Noida-201307, U.P India  
Tel.: -0120 - 4320801/02, Mob. : 09818473366, 09810535368,  
Website: www.bii.in, e-mail: info@bii.in

Paste your self attested photograph

## Advanced Post Graduate Diploma in Pharmacovigilance Application Form 2 Months Class Room Program

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 Name\* \_\_\_\_\_

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

4. Sex  Male  Female

5. Address for Correspondence\* \_\_\_\_\_  
\_\_\_\_\_

Cit \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

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

6. Telephone No. (if any)\* Code \_\_\_\_\_ (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M \_\_\_\_\_

7. E-mail\* \_\_\_\_\_

8. Academic Qualifications\*

Exam Passed / Appearing	Board / University	Year	Result with Percentage

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 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). NEFT / Telegraphic Transfer is also accepted.

**\*\* 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 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.  
Terms, Conditions and Procedures of Examination , Mark Sheet & Certificate will be under the jurisdiction of BII NOIDA.

**\*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)