



BIOINFORMATICS INSTITUTE OF INDIA

ISO 9001 : 2008 CERTIFIED INSTITUTE

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Registration Form

Life Science Department Distance Learning Programs

Select Any one Form Following List:

- Industry Program in Healthcare and Hospital Administration
- Industry Program in Bioinformatics
- Industry Program in Intellectual Property Rights
- Industry Program in Biotechnology
- Industry Program in Forensic Science
- Introductory Program in Bioinformatics
- Proficiency Program in Medical & Healthcare Informatics

Paste your self attested photograph

Enrollment No.
(For Office use only)

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

- Candidate's Name* (As per Matriculation Documents) _____
- Father's Name* (As per Matriculation Documents) _____
- Date of Birth* (As per Matriculation Documents)

(D D M M Y Y Y Y)
- Gender* Male Female
- Address for Correspondence* _____

 City _____ State _____ Pin _____
 Country _____ Nationality _____
- Telephone No. (if any)* Code _____ (O) _____ (R) _____ (M) _____
- 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. 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. The Program does not promise any job guarantee nor provides any specific eligibility to pursue higher studies. 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.

***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 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)