



BIOINFORMATICS INSTITUTE OF INDIA

An ISO 9001:2008 Certified Institute
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EXAMINATION FORM

Proficiency Program in Medical and Healthcare Informatics

Distance Participation

Paste your recent
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Examination April Year
 Nov

NO COLUMN SHOULD BE LEFT BLANK (ALL IN BLOCK LETTERS)

1. Enrollment No.*: _____
2. Name of the Candidate: _____
3. Father's Name: _____
4. E-mail: _____
5. Contact No.: _____
6. Address: _____

City: _____ State: _____ Country: _____ PIN

7. Papers:
- Introduction to Medical Informatics
 - Healthcare Organization and Management
 - Telemedicine
 - Biomedical Engineering
 - Hospital & Clinical Information Systems

8. Exam Fees Payment Details:
- Cash / NEFT / Demand Draft / Cheque No. _____ Dated _____
- Drawn on _____.
- For ₹ (in fig.) _____ (In words) _____)

(Bank Draft / Cheque must be drawn in favor of "Bioinformatics Institute of India". Candidate are advised to write their Name and Enrollment No. at the back of demand draft / cheque). For NEFT details call or mail us.

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

Date: _____

Place: _____

(Signature of the Candidate)