



BIOINFORMATICS INSTITUTE OF INDIA

(A unit of Strategic Edutech Pvt. Ltd.)

An ISO 9001 : 2015 Certified Institute

C-56A/28, 2nd Floor, Sector-62 , Noida - 201301, U.P. (INDIA)

Tele : 0120-4320801/802, Mob. : 09811012061, 09811013527

www.bii.in, e-mail: info@bii.in

Admission Form Distance Learning Programs

Program Applied For (Select One):

- Proficiency Program in Medical & Healthcare Informatics (PMHI)
- Professional Designation in Medical & Scientific Writing (PDMSW)
- Introductory Program in Bioinformatics (IDPB)
- Proficiency Program in Pharmacovigilance (POPV)
- Program in Pharma Good Manufacturing Practices (GMP)

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.

1. Candidate's Name (As per Matriculation Documents) _____
2. Father's Name (As per Matriculation Documents) _____
3. Date of Birth (As per Matriculation Documents) _____
4. Gender Male Female
5. Address for Correspondence _____

City _____ State _____ Pin _____ Country _____
6. Nationality _____
7. Telephone No. Code _____ (O) _____ (R) _____ (M) _____
8. E-mail _____

9. Academic Qualifications

Exam Passed / Appearing	Board/University	Year	Result with Percentage

10. Work Experience (If Applicable)

Full Name of the Organization	Designation	Total Work Exp. (In yrs.)

11. How did you come to know about us:

- Website Internet Search BII Mailer Friends / Relative/ Brand Ambassador Advertisement / Poster

12. 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. In case of any dispute, it would have to be get 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 this 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)