

## **BIOINFORMATICS INSTITUTE OF INDIA**

An ISO 9001:2008 Certified Institute
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Paste your self attested photograph

## **Application Registration Form**

Project / Industrial Training in Bioinformatics / Biotechnology

Participation No. For Office use only			Lab Wat Dry			
All columns are compulsory, No column should be left blank, All in block letters						
Candidate's Name* (As per Matriculation Document	is)					
2. Father's Name* (As per Matriculation Documents)						
3. Date of Birth* (As per Matriculation Documents)	D D	M M Y Y	Y Y			
4. Gender	Male	Female National	ity			
5. Address for Correspondence		, 111/ <sub>2</sub>				
		BIII				
	City		PIN			
	State					
	Country					
6. Telephone No. (if any)	Code	(C	))			
	(R)	(N	A)			
7. E-mail						

8. Academic Qualifications					
	Exam Passed / Pursuing	Board / University		Year	Result with %
9. Work Experience (If Applicable)					<u> </u>
	Full Name of the organization		Designation	Total Work Exp. (In yrs.)	
Crossed Cheque/Demand Draft No.     Draft/Cheque/NEFT Must be drawn in favoudemand Draft/cheque). For NEFT details call	ır of Bioinformatics Institu	Drawn on ute of India. Candidate	for ₹ _ es are advised to write their n	ame and add	(Bank dress at the back of
** Important Note: The program in which you are seeking participation Program does not promise any job guarantee nor p through arbitration under Arbitration and Conciliat same will be to the Courts of District Gautam Buddh	provides any specific eligil ion Act 1996 by the sole a	bility to pursue higher sarbitrator appointed by	studies. In case of any dispute Bioinformatics Institute of Inc	, it would hav dia, Noida. Th	e to be got resolved ne jurisdiction of the
Mandatory to fill		1111/			
I declare that I have carefully read and understood may be open for the Institute to take action in case a	the details of the above pr			rmation while	filling up the form. It

Date:

For Office Use							
Fee Details	Receipt No./DD No.	Dated	Amount	Verified by			

SIGNATURE OF THE CANDIDATE