



# BIOINFORMATICS INSTITUTE OF INDIA

NS-EN ISO 9001:2008/ISO 9001: 2008

C-56A/28, Sector-62, Noida-201301, UP(NOIDA),  
Tele:-0120 - 4320801/02, Mob : 09818473366 ,09810535368,  
Website: www.elifescience.in, e-mail: info@elifescience.in

## Admission / Registration Form e-Learning Pharma Programs

Select Program from the list:

- 1. Pharmacovigilance
- 2. Contract Research & Clinical Trials
- 3. Validation & Protocols
- 4. Clinical Trials Data Management

Paste your self attested photograph

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

1. Candidate's Name\* \_\_\_\_\_  
(First) (Last)

2. Father's / Husband's Name\* \_\_\_\_\_

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

4. Sex  Male  Female

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

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

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

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

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

8. Academic Qualifications\*

Exam Passed	Board / University	Year	Result with Percentage

9. Work Experience (If Applicable)

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

### Payment Details:

10. Crossed Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_ Drawn on \_\_\_\_\_ for Rs. \_\_\_\_\_

(Bank draft must be drawn in favour of **Bioinformatics Institute of India payable at New Delhi/ Delhi**. Candidates are advised to write their name and address at the back of demand draft)

11 Documents to be attached with application form:

- i) Fee draft / Cheque
- ii) High School, Graduation Certificate (For Identity Min. Qualification Name & DOB)

**\*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)