

ENROLLMENT FORM
CENTRE FOR EXCELLENCE – ACADEMIA
(The First American Biotech Training Centre in India)

Is this is your first training course? Yes No

Applying for:

Basic Bioskills Program (BBP-01)

Foundation Bioinformatics Program (FBP-01)

Foundation HPLC Program (FHP-01)

Advanced Bioskills Program (ABP-01)

Advanced HPLC Program (AHP-01)

Foundation Mol. Biology Program (FMBP-01)

Foundation Mol. Diagnostics Program (FMDP01)

CANDIDATE DETAILS:

Title: Dr./ Mr./ Ms./ Mrs.

First Name:

Last Name:

DOB (DD-MM-YY).....

Father's/ Mother's/ Guardian's Name & Address:

.....

Permanent Address:

.....Phone:.....

Correspondence Address:

.....

City:State:Pin Code:

Mobile:E-mail:.....

Hostel/ PG Assistance required? Yes No
(Charges Applicable)

Transportation/ Shuttle Service to ILSB facility & back required? Yes No
(Charges Applicable)

EDUCATIONAL QUALIFICATIONS (12th onwards)

EXAM PASSED	BOARD/UNIVERSITY	YEAR	PERCENTAGE/ DIVISION	SUBJECTS

WORK / TRAINING EXPERIENCE (If Applicable):

S.NO	NAME OF ORGANIZATION/ INSTITUTION	DESIGNATION AND AREA OF WORK	DURATION

PAYMENT DETAILS

By Cash <input type="checkbox"/>	By Draft <input type="checkbox"/>	By Cheque <input type="checkbox"/>
Draft No. / Cheque details: <input type="text"/>		
Bank: <input type="text"/>		
Place: <input type="text"/>		

Payment Mode: (Bank draft / Cashiers Cheque of Rs. 500/- (non-refundable) as **REGISTRATION FEE** must be drawn in favour of **ILS Bioservices Pvt. Ltd** payable at Gurgaon.
The candidate is advised to write his/her name and address at the back of the demand draft/Cheque)

DECLARATION

I _____, hereby declare that all the information provided in this form is true to the best of my knowledge and belief.

Date:

Place:

Signature