

Birla Institute of Scientific Research

Statue Circle, Jaipur



APPLICATION FORM 2009-10

Passport Size
Photograph

Course: **Post Graduate Diploma in Bioinformatics**

PERSONAL INFORMATION

APPLICANT'S NAME _____ FATHER'S NAME _____
(In Block Letters) (In Block Letters)

NATIONALITY _____ SEX (M / F) _____ DATE OF BIRTH (DD/MM/YYYY) _____

FOR RESERVED CATEGORY (Please Tick): SC ST OBC PH
(Attach appropriate certificate)

CONTACT DETAILS

MAILING ADDRESS: _____

PIN CODE: _____

CITY _____ STATE _____ COUNTRY _____

PHONE _____ MOBILE: _____ EMAIL: _____

Examination Passed	University/Board of Examination	Year	% or Grade	Subjects
X th				
XII th				
Graduation				
Other				

Draft Details

Amount Rs. 500 DD. No. _____ Drawee Bank _____ Date _____

(Note: DD should be in favour of "The Birla Institute of Scientific Research", Payable at Jaipur)

DECLARATION OF APPLICANT

I hereby declare that the above information is correct to the best of my knowledge.

Place:

Date:

Signature of the Applicant