

For Office Use:  
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Registration No DPT2014.....

# IBRI NOIDA

(An ISO 9001:2008 Certified Institute)

## PROJECT TRAINING REGISTRATION FORM

### Personal Details (Please Fill in Block Letters Only)

Please affix  
a passport sized  
photo here

Name: .....

Sex: Male  Female

DOB:  (dd/mm/yyyy)

Permanent Address: .....

.....

..... PIN .....

Correspondence Address: .....

.....

..... PIN .....

Mobile: .....

Phone: .....

Nationality: Indian  Others

E-mail: .....



## Academic Qualifications (Please mention the highest qualification)

Examination Passed	University	Year	Division/Comments (if any)

### Payment Details:

(Note: The Demand Draft has to be made in favour of "INDIAN BIOSCIENCES AND RESEARCH INSTITUTE", payable at NOIDA.)

Demand Draft No / Cheque No ..... Dated.....

Drawn on (Bank Name) ..... for Rs.....

### DECLARATION BY APPLICANT

**I here by declare that:**

- I have read and understood the eligibility conditions for registration in the "Project Training" & I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any incorrect or misleading information, my registration shall be liable for cancellation at any time and I shall not be entitled to any claim for readmission/reimbursement/certification.

Date: .../.../.....

Place: .....

**(Signature of the Applicant)**

The Completed Registration Form should be sent to:

**Indian Biosciences and Research Institute**

**C-50, First Floor, Sector 2,**

**NOIDA 201301**

**Phone: +91-120-4122315, Mob: +91-9999509892**