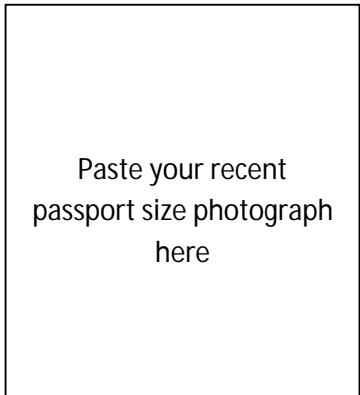




ADMISSION CUM REGISTRATION FORM FOR DISTANCE LEARNING

Registration No:
(For Office use only)

Course Selected:



Please fill in the following details

1. Name:.....

2. Father's name:

3. Date of Birth: (DD/MM/YY) **4. Sex :** Male Female

5. Address for Correspondence:

.....

.....

.....

6. Telephone number:

7. E mail:



8. Academic Qualification details :

| Exam Passed | Board/University | Year of passing | Percentage obtained |
|-------------|------------------|-----------------|---------------------|
| | | | |
| | | | |
| | | | |

9. Payment details :

Demand draft / Cheque no.dated.....drawn in favour of
.....payable at.....for Rs.

(Bank draft / Cashiers Cheque must be drawn in favour of "ICBio", payable at "Bangalore".
candidate is advised to write his/her name and address at the back of the demand draft)

***Note:** The program for which you are enrolling is ICBio's independent knowledge enhancement program, which gives insight about mentioned study areas. This is not a University program. In case of any dispute, the jurisdiction of the same will be Bangalore only. Fee once deposited is neither refundable nor adjustable under any circumstances.

***Declaration by the Candidate**

I hereby declare that I have carefully read and understood the details of the above mentioned program and I have given the true and correct information while filling up the form. ICBio can take action in case any of the information given by me is found incorrect.

Name:

Signature: