



**Training
in
Life-Sciences, Biotechnology, Bioinformatics & Pharmacy
by
Bio-EGICORE, Dept. of Life-Sciences, EGICORE-Lucknow**

(Research / Project Training Application Form)

(It is mandatory to fill all the fields)

Registration No: BEC/2014/.....

Name:

Designation/Qualification:

Institution:

Gender: Male Female D.O.B.

Address:

Passport Size Photo

Mobile No.:

Email:

Module No:

Topic:

Expected Course Commencement Date:Duration:.....

Payment Declaration

Cash/DD/Cheque No: Dated:

Bank Detail:

Amount: Paid: Due:

Note:

- I accept all the terms and conditions set by Bio-EGICORE for training and Projects. I understand that the final certificate will be given to me only after payment of full fee and fulfilling the criteria set by Bio-EGICORE.
- I understand that, amount once paid will not be returned.
- I understand that, if any damaged will be caused during my lab working hours in the institution, I will be responsible & pay the amount charged.

Date:

Place:

Signature: **Applicant**

Receiving Authority at Bio-EGICORE

Submit this form along with:

College recommendation letter, Demand Draft in favor of "en-GENE-ier's Core Technology Services" payable at Lucknow, photocopy of most updated mark list and CV to the address mentioned below.