

Registration Form (2010-2011)

Name: _____

Address for correspondence with contact no:

E-mail address: _____

Sex (M/F): _____

Institute: _____

Application for the program:

- | | |
|-----------------------------|--------------------------|
| Project/dissertation work | <input type="checkbox"/> |
| Summer Training | <input type="checkbox"/> |
| P.G. Diploma Bioinformatics | <input type="checkbox"/> |
| Winter training | <input type="checkbox"/> |
| On Job Training | <input type="checkbox"/> |
| Workshop | <input type="checkbox"/> |
| Seminar | <input type="checkbox"/> |

Duration of training: _____

Education Qualifications:

Qualification	Branch/Subject	Semester/Year	Institute/College	University	Marks (%)

Payment detail:

DD No:-

Date:-

Amount:-

Bank:-

(Payment be made through Demand Draft in favour of '**Advance Computer System**' payable at **Lucknow**)

Signature of the Applicant with date

Registration from along with DD sends to: **Manager HR, ACS-bioINFORMATICS, BIOTECH PARK, Sector-G, Jankipuram, and Kursi Road, Lucknow-226021.**