

BIOMED INFORMATICS
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Application for Admission

NAME OF THE CANDIDATE: _____

FATHER'S / HUSBAND'S NAME: _____

MALE / FEMALE: _____

DATE OF BIRTH: _____

QUALIFICATION (Specialization): _____

PERMANENT ADDRESS: _____

_____ **PIN:** _____

COLLEGE WHERE STUDIED OR STUDYING: _____

PHONE: _____

EMAIL ID: _____

COURSE/PROJECT: _____

DECLARATION (by the applicant)

I hereby declare that the information furnished by me is true and correct to the best of my knowledge.

Date:

Place:

Signature of the Candidate

Enclosures:

1. RECOMMENDATION LETTER FROM **HOD FOR PROJECT STUDENTS**

2. DEMAND DRAFT FOR **REGISTRATION / ADMISSION**

NOTE: - DD SHOULD BE PAID IN FAVOUR OF "**BIOMED INFORMATICS**" PAYABLE AT HYDERBAD.

Application along with Enclosures to be sent to the following address:

BIOMED INFORMATICS

Medwin Hospitals B-Block, 1st Floor,

Nampally,

Hyderabad- 500 001.