

ADMISSION CUM REGISTRATION FORM FOR POST GRADUATE DIPLOMA LEARNING

Registration No:(For Office use only)		
Course Selected:		
Batch:		
Please fill in the following details		
1. Name: Suyambu Sakthivel B		
2. Father's name: BalaSubramanian P		
3. Date of Birth: 14/05/1998 (DD/MM/YY) 4.	Sex: Male	Female
5. Address for Correspondence: 6/55, Vinayagar Kovil Stre	eet,	
Elathagiri (post), Krishnag	giri District, Tam	ilNadu,
PIN – 635 108.		
6. Telephone number: 8248525432 / 9965657431		
7. E mail: suyambu145bgm@gmail.com		

ICBio Institute of Clinical Research

Bangalore Centre:

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Mumbai Centre:

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Website: www.icbio.org



8. Academic Qualification details:

Exam Passed	Board/University	Year of passing	Percentage obtained
SSLC	State Board	2013	83%
HSC	State Board	2015	77%
B.Pharm	Vinayaka Mission's	2019	74%

9. Payment details:

- Registration fee of Rs 25,000 is mandatory along with the application form.
- 2 passport size photographs, photocopies of the certificates.

10. TERMS & CONDITIONS:

- ICBio Offers 100 % job assurance to every six month / one year course student, within 6 months of successful completion of the Course.
- Student must have 75 % attendance for the job assurance.
- ICBio shall not be liable to provide the job if the student fails to attend 4 interview calls.
- Fee once paid cannot be refunded / adjusted / Transferred under any circumstances. Job obtained by any students with individual / own efforts will end up ICBio's liability for providing the same.

*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: Suyambu Sakthivel B

Signature

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