



INTERNSHIP/ TRAINING ENROLLMENT FORM

Please write in BLOCK LETTERS only.

PROGRAM CHOSEN: _____

PERSONAL INFORMATION

Full Name: _____

Gender: _____ Date of birth (DD/MM/YYYY): _____ Place of birth: _____

Passport No. : _____ Citizenship: _____ Country of birth: _____

Address: _____

Contact No. (R) : _____ (M) : _____

Email ID: _____

(Note: Ensure mobile number and email ID does not change for the next 2 years)

OTHER INFORMATION

Father's Name: _____ Occupation: _____

Company/ Organization Name & Location: _____

Email ID: _____

Mobile No.: _____ Resi. No.: _____

Mother's Name: _____ Occupation: _____

Company/ Organization Name & Location : _____

Email: _____

Mobile No.: _____ Resi. No.: _____

Visa Approved/Rejected Yes / No. , If yes which Country: _____

*Please attach refusal letter

Internship / Trainee Program

PLACEMENTS DETAILS	Start Month	Year	Duration (Months)	Country

PLACEMENT AREA: _____

SPECIALIZATION: _____

EDUCATION

Qualification	Name of College	University/Board	Start Date	End Date
Post Graduation				
Graduation				
Diploma				
HSC				
SSC				

WORK EXPERIENCE

Employer Name	From Date	To Date	Designation

Note : All payments should be made by account payee cheques / demand drafts favoring **BIO RE INVENTORS**
Payable at Pune and proper receipts for such payment should be obtained and maintained.

TERMS & CONDITIONS

- 1] If candidate cancels the program within week of submission of complete set of documents, no refunds will be given.
- 2] No refunds will be issued after selection of program at any reason.
- 3] No refund will be issued to any student submitting fraudulent or misleading information and / or documentation and / Or for any errors or omission.

Name

Date

Signature

FOR OFFICE USE ONLY

Receipt #	Date	Enroll #	Amount (Rs)	Cash /CHQ/ DD	Bank Name	FD