



HAFFKINE INSTITUTE
FOR TRAINING, RESEARCH AND TESTING
ACHARYA DONDE MARG, PAREL, MUMBAI-400 012

APPLICATION FORM FOR ANNUAL BIOTECHNOLOGY TRAINING PROGRAM 2009

STUDENT DETAILS:
[KINDLY FILL IN BLOCK LETTERS]

NAME: _____
SURNAME FIRST NAME

COLLEGE: _____

COLLEGE ADDRESS: _____

CLASS: _____ **SEX:** _____ **DOB:** _____

RESIDENTIAL ADDRESS: _____

PHONE NO: _____ **MOBILE NO:** _____

E-MAIL ID: _____

SIGNATURE OF STUDENT

FEE RECEIPT NO: _____

FOR OFFICE USE

BATCH ALLOTTED: _____

To,

The Accounts Section

Please accept the sum of **Rs. 2,000/-** (Rupees Two Thousand Only/-) as fees for the Annual Biotechnology Training Program-2009.

Dr. Abhay Chowdhary
Director, Haffkine Institute.