



SEVAS BIOINFORMATICS INSTITUTE
CERTIFIED COURSE IN BASIC BIOINFORMATICS

For Official Use **ONLY**

Reference No.

Faculty Code

Commencement Date
 (DD/MM/YYYY)

Online Test Performance

University Name _____

Remarks _____

Paste your
self attested
photo

To be Filled by Applicant

Name

Father's / Guardian's Name

Date of Birth Sex (M/F) Nationality
 (DD/MM/YYYY)

Address for Communication _____

Permanent Address _____

City

City

State Pin

State Pin

Country

Country

E-mail

Academic Qualifications

Exam Passed	University/Board/Institute	Address	Year Obtained	Results (%)

Additional Qualifications: _____

Training Programs _____

Computer Skills _____

Applicant Declaration

I declare that the above data given in this form are accurate to the best of my knowledge and I agree to conform to the rules and regulations of the Institute.

Signature of Applicant _____

Date _____

Guidelines for Filling Application Form

1. The application must be filled by the candidate only.
2. Name, Date of Birth and E-mail address of the Enrollee must be filled properly.
3. Scanned application form must be send as e-mail attachment or through postal service along with your Curriculum Vitae

E-Mail Address: info@sbioinformatics.com or Society Postal Address

4. Covering Letter from faculties or head of the department or any government employee or xerox copy of identity card or study certificate etc... stating your present in the organization as student or faculty etc... must be send along with this application form to the following Postal Address

The Director,

SEVAS EDUCATIONAL SOCIETY,

Komatipalli Post, Bobbili Mandal,

Vizianagaram (Dt), Andhra Pradesh (St), India – 535558.

5. Please remember that SEVAS certificate will be issued only after peer verification.