

Name: _____
(Last name) (first name) (middle name)

Educational Qualification: _____

Current Occupation: _____

Permanent address: _____

City _____ State _____ Pin code _____

Address for correspondence _____

City _____ State _____ Pin code _____

Tel (Res) _____ Cell _____

E-mail: _____

Gender M F Date of Birth _____ Age _____

Nationality _____

To enroll for the courses kindly tick the appropriate box:

1. Certificate Course in Medical Genetics

A] Basic course Rs. 60000 + Tax
Elective practical

Cytogenetics Single gene disorders

Clinical genetics

B] Extra practical module (2 months) Rs. 25000 + Tax (for each module)

Cytogenetics Single gene disorders

Clinical genetics

2. Correspondence Course Rs. 15000 + Tax

3. Workshops

Cytogenetics
(Rs. 15000 + Tax)

PCR
(Rs. 5000 + tax)

Metabolic genetics
(Rs. 5000 + Tax)

Clinical genetics
(Rs. 5000 + tax)

Place: _____

Date: _____

Signature of Applicant