

Vasishth Genomics Research Lab Private Limited

Registration Form

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Date of Birth:	// Gend	ler: M	F Blood (Group:		
Phone number: M&L.L e-mail ID:						
Education details						
Qualification:						
College/ University /Organization:						
Project/Course details						
Project/Course Title:						
Duration: Date of Joining:						
How did you come to know about VASISHTH GENOMICS? Internet Friends Professors/Lecturers Print media Exhibitions Others Specify I hereby declare that the details provided are true to the best of my knowledge.						
Date:						
Place: Signature of the				- Applicant		
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	F	OR OFFICE US	E ONLY			
Registration Number: Course Fee:						
Date of Commencement:			Date of Completion:			
Name of Facul	ty:					
Fee details:						
Date	Amount	Receipt No	. Balance	Remarks		

TERMS AND CONDITIONS

- > Students are required to pay the entire fee amount as prescribed by VASISHTH GENOMICS at the time of registration and the paid amount is not refundable but it can be transferred to another module.
- > Students should strictly follow the lab rules and regulations at all times.
- > If students remain absent, without prior notice for 5 days, they shall be liable to pay 10% of fee amount as fine.
- Students intending to take a break during his/her course/project should pay the fee completely and also will have to pay a break fee as decided by the company.
- ➤ A certificate from **VASISHTH GENOMICS** is issued only after submission of the complete project report and in case of course only after writing the test. Intellectual property should not be published without our permission.
- ➤ If certificates are not collected within 60 days of completion of the course, fine of Rs 250 will be charged to issue the certificates.
- ➤ Library books are for reference purpose only. Students are advised not to take library books out of the lab.
- This registration is valid if the prescribed fees are paid and the student starts his/her course/project work within 30days. Renewal of registration can be done if a letter is given stating the date of joining.

I hereby agree to the above terms and conditions

Date:	
Place:	Signature of the candidate

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