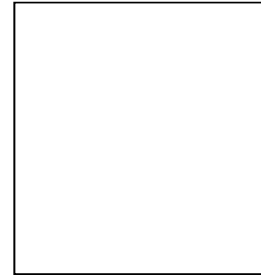


For Office use only

No of Pages: 2

No:

Paste your current colour photograph
Please sign across the photograph



Batch: **Month** **Year**

Name:			
	Surname	First Name	Middle Name

Date of Birth:

Sex: Male Female

Address:			
City:		Pin Code:	
State:		Tel:	
		Mobile:	
Email:			

Select Course:	Please Tick	<input checked="" type="checkbox"/>
Certificate Course in Pharma Validation (Online) (3 Months)		<input type="checkbox"/>
Certificate Course in Food Regulatory Affairs (Online) (3 Months)		<input type="checkbox"/>
Certificate Course in Biopharmaceutical Regulatory Affairs (Online) (3 Months)		<input type="checkbox"/>
Certificate Course in Medical Device Regulatory Affairs (Online) (3 Months)		<input type="checkbox"/>
Certificate Course in Quality Assurance & Quality Control (Online) (6 months)		<input type="checkbox"/>

Education :	Degree	
	Or Last Exam	
	Marks Obtained as %	

Work Experience : (If any)

	Company	Post	Years
1			
2			
3			

I am enclosing herewith DD/CHQ No. _____ Dated _____ Drawn on _____ Bank for Rs _____.

Bank Draft / Cheque must be drawn in favour of “**Global Institute of Regulatory Affairs**” Payable at **Pune**. Candidates are advised to write their Name and Telephone No. at the back of Demand Draft / Cheque.

You can alternatively make an Online transfer (NEFT/RTGS):

A/c. Name: **Global Institute of Regulatory Affairs**

Bank: **Indian Bank, Chinchwad**

IFSC Code: **IDIB000P159**

Account Number: **6038392615**

Declaration by the Participant:

I (Full Name) _____, hereby declare that I have read and understood the conditions of eligibility and objectives of the program for which I seek participation and am eligible for the same. I understand that Global Institute of Regulatory Affairs (GIRA) is an independent knowledge enhancement training program which is professional in nature and the enrollment in/completion of the program does not guarantee any employment or any specific eligibility to pursue higher studies. Disputes if any are subject to jurisdiction of Pune Courts only.

I agree to pay the full fees as per the course selected within stated time period. I also understand that the fee is non refundable and nor shall the fee will be transferred or adjusted in any other program or services.

Signature

Date:

Place:

List of enclosures to be checked by candidate (Please tick the appropriate):

- Completed Registration Form
- Demand Draft or A/C payee Cheque in favour of “**Global Institute of Regulatory Affairs**”
- Photocopy copy of Educational Certificates with final results of qualifying examination.
- Photocopy of Proof of Experience in Regulatory/ Clinical/ Medical Research/ Hospital (if applicable)

Send us the Registration form with enclosures to:

Kind Attn: Mr. Sumit Gupta (Director)

Global Institute of Regulatory Affairs (GIRA)

Prestige Classic Building, D-Wing

Office No G4 & G5, Dawa bazaar

Behind Mayur Trade Center, Pune- Mum Highway,

Chinchwad Station, Pune – 411019

Email: info@regulatoryinstitute.com

Web: www.regulatoryinstitute.com

Phone: 020-46704472 / 9595750750

Note: Receipt of the form would be sent by Email