

For Office use only

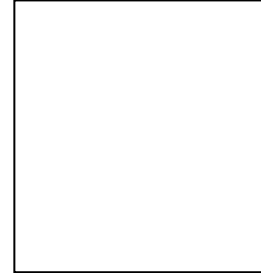
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Please sign across the photograph

Batch:

Month	Year
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Name:	Surname	First Name	Middle Name
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Date of Birth:

Sex: Male Female

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

- | | | |
|--|--------------------|-------------------------------------|
| Select Course: | Please Tick | <input checked="" type="checkbox"/> |
| Post Graduate Diploma in Drug Regulatory Affairs (Part Time) (6 Months) | | <input type="checkbox"/> |
| Advanced Post Graduate Diploma in Drug Regulatory Affairs (Full Time) (6 Months) | | <input type="checkbox"/> |
| Post Graduate Diploma in Drug Regulatory Affairs (Distance Learning) (10 Months) | | <input type="checkbox"/> |
| eCTD Certification Program (Distance Learning) (4 Months) | | <input type="checkbox"/> |
| Certificate Course in Quality Assurance & Quality Control (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 appropriate box):

- 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