

Address Office:

A : C-59, Sector-10, Industrial Area, Noida, Uttar Pradesh, India - 201301

P : +91-8377082003(WhatsApp Only)

E : info@allelelifesciences.com



PERSONAL INFORMATION

Full Name :

Address :

Nationality :

Institution (If Any)

Phone :

Email :

Name of Training :

Terms & Conditions

1. The admission to training / internship programs will be confirmed after the payment of registration fee along with documents.
2. The registration fee Rs 1000/- deposited is completely non refundable.
3. I will deposit the service charges as decided by the company in brochure at the time of joining date of training program.
4. Students have to bear their own boarding/lodging /conveyance charges.
5. Trainees will maintain adequate discipline & lab safety inside the lab premises.
6. Company will not be responsible for any medical, legal issues during the internship tenure.

Declaration

I hereby declare that all statement/information given in the application form are true to the best of my knowledge and belief . I will strictly abide by the terms & conditions, norms, lab etiquette during the training .

Pay Registration Fee for confirmation of seat for training program.

Send the copy of the form, payment detail and any identity proof at :

info@allelelifesciences.com

Beneficiary Name - Allele Life Sciences Private Limited
Account Number - 61071508494
IFSC Code - SBIN0031811
Bank Name - State Bank of India
Bank Address - SBI, 14/15, Sector-18, Noida, UP - 201301

Trainee Signature

THANK YOU FOR REGISTRATION

We will send your training confirmation letter at your Email ID given in the registration form

More Information :

If you do not receive confirmation letter kindly WhatsApp your details at:

+91-8377082003 (WhatsApp Only)

www.allelelifesciences.com