



iPower Solutions India Ltd

Bioinformatics Division

REGISTRATION FORM

Name :

Designation :

Institution :

Field of Interest :

Phone/Mobile No Mail id

Address for correspondence:

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Preferences:

Training:

Training Certificate Diploma

Others Specify

Projects:

Final Year Project Pre-Final year/Summer Training

Duration of project:

Registration Details:

Date DD No..... Bank.....

Signature of the Candidate