



CHANRE RHEUMATOLOGY & IMMUNOLOGY CENTER & RESEARCH

(Specialized Center in Rheumatology, Autoimmune Disease, Allergy, Immuno-Deficiency & Immuno-Hematology)
No. 414/65, 20th Main, West of Chord Road, 1st Block, Rajajinagara, Bengaluru – 560010
Email: info@chanrericr.com Website: www.chanrericr.com, www.mychanreclinic.com
Ph: 080 42516699 Fax: 080 42516600

Application for Master Certification Course in Immunology

Name: _____

Address: _____

City: _____ State: _____ PIN: _____

Phone: _____ Mobile: _____ Email Id: _____

Essential Qualification

M.Sc (Life Science) Specialization: _____ BE (Biotechnology)

Graduation/ Expected year of graduation: _____

Name of the Institute/ University: _____

Attachments

Resume* Degree certificate

If Sri Siddhartha Academy of Higher Education University Fellowship required

Yes# No

#If Yes, 50% of University fees will be returned to student post admission

DISCLAIMER AND SIGNATURE

I certify that my statements are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.

Please paste a copy
of your Recent
Passport size
Photograph

(Do not Staple / Pin)

Signature:

Date:

Place:

For submission: Scan copy of the duly filled form along with resume (mandatory) and degree certificate (if available) to be sent by email to secretarialassistant@chanrericr.com