

**PINNACLE BIOMEDICAL RESEARCH INSTITUTE (PBRI)**  
[An ISO 9001: 2008, GLP (MAP), CPCSEA Certified Research Institute]

**REGISTRATION FORM**

<b>Name</b>	.....	
<b>Date of Birth</b>	..... /..... /.....	(DD/MM/YYYY)
<b>Blood Group</b>	.....	<b>Gender</b> Male / Female
<b>Purpose of registration</b>	(PhD / P.G. Dissertation / Training / Other)	
<b>Father/ Husband Name</b>	.....	
<b>Marital status</b>	.....	
<b>Nationality</b>	.....	
<b>Occupation</b>	Student / Employed / Other (Specify.....)	
<b>Current Organization</b>	.....	
<b>Qualification</b>	M.Pharm / B.Pharm / M.Tech / B.Tech/M.Sc / B.Sc.	
<b>Specialization</b>	.....	
<b>Correspondence Address</b>	.....	
	.....	
	..... PIN .....	
<b>Contact No.</b>	.....	
<b>E-mail ID</b>	.....	
<b>Details of Guide / PI</b>	Prof. / Dr. / Mr. ....	
	Present Organization.....	
	Mob. No. .... E-mail ID.....	

Affix your  
Recent  
Passport Size  
photo

**DECLARATION**

I, ..... (Name) the applicant, declare that all the information on this form is true and complete. I promise that I will abide by all the regulations of the PBRI.

Date ..... / ..... /20.....

.....  
Signature of Applicant

**Checklist for enclosure**

1. Completed Registration Form
2. Registration fees [DD of Rs..... - in favour of **Pinnacle Biomedical Research Institute, Bhopal**]
3. Updated CV / Resume
4. Handwritten Application / Covering Letter / Recommendation letter


**Send the completed form to**

**Director, Pinnacle Biomedical Research Institute (PBRI)**  
**Bharat Scout and Guides Campus, Near Depot Square, Shanti Marg, Shamla Hills**  
**Bhopal- 462003 (M.P.) India**  
**Phone – 0755-4266517, Fax- 0755-4265365 E.mail- pbrinstitute@gmail.com**



**FOR OFFICE USE ONLY**

Reg.No. .... R. No. .... Date..... PDC .....