



LIPID ASSOCIATION OF INDIA

Reg No: []

APPLICATION FORM

No: []

Office use only:

Office use only:

Please write in CAPITALS and complete all sections

Section A: Course Selected

Course Code	Course Name

Please affix your photograph here
(Passport Size)

Section B: Personal Information

Name: First Name Middle Name Last Name

Name as it should appear on Certificate

Gender: M F Date of Birth: D D M M Y Y Y Y Nationality

Father's/Husband's Name:

Section C: Contact Information

<p>Home Address</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Country: <input type="text"/></p> <p>PIN: <input type="text"/></p> <p>Phone No: Mobile: <input type="text"/></p> <p>Alternate Phone No (Friend or Family Member): <input type="text"/></p> <p>Email Id: <input type="text"/></p>	<p>Correspondence Address (if different)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Country: <input type="text"/></p> <p>PIN: <input type="text"/></p> <p>Landline: <input type="text"/></p> <p>Alternate Email Id: <input type="text"/></p>
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Section D: Academic Qualification

Qualification	Name of the Institute	University	Year of Passing

Section E: Supporting Documents Check list.

- | | | |
|--|---|---|
| <input type="checkbox"/> Degree Certificate | <input type="checkbox"/> Proof of ID | <input type="checkbox"/> State Medical Council Registration |
| <input type="checkbox"/> Internship Completion | <input type="checkbox"/> Proof of Address | <input type="checkbox"/> Letter of Undertaking* |
| <input type="checkbox"/> Pass Certificate | <input type="checkbox"/> MCI Registration | <input type="checkbox"/> Passport Photographs |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Passport copy** | |

*for all conditional applications **for international students

Section F: Payment Details

Payment Mode	Payment <input type="checkbox"/>				
	Cheque <input type="checkbox"/>	DD <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>		
	Debit Card <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Wire Transfer <input type="checkbox"/>		
	Online / Gateway <input type="checkbox"/>				
Amount		Cheque / DD No		Date	
Bank Name		Branch			
City		State			
Pin Code		Transaction ID			
For Wire Transfer					
SWIFT Code		Country		Currency	
				Date	

Section F: How did you find out about this course
 Online Advertisement Friend Mailer Sales Person If other please specify:
Section G: Declaration

I hereby confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete; and I agree to notify Lipid Association of India promptly if any information contained on this application form should change, in order to keep it true, current and complete.

I hereby declare that I shall be disciplined and shall adhere to all the rules and regulations of LAI. I have read and fully understood the terms and conditions" given overleaf before filling in the application form and unconditionally accept them all binding on me.

I hereby undertake to pay all charges raised on account of services availed.

 Signature of the Student

 Date:
For office use only
 Regd No: Login ID: Password:
 Retail: Institutional: Name of Institute:
 Course Material: Byhand By post Date

Name		Date		Sig.	
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* It is mandatory to complete all sections

Instructions

- Please fill the application form completely and furnish all details required there in, form may be completed online or downloaded and submitted by post
- Please enclose or submit at lipidindia2012@gmail.com self-attested copies of relevant certificates along with two stamp size photographs.
- The completed admission form must reach us before July 15th 2016, last day of submission. LAI is not responsible for any postal delays.
- Mailing address for application forms: Lipid Association of India A-26, 2nd Floor South Extension Part-II, New Delhi - 110049 (India).
- All disputes with regards to this course are subject to the jurisdiction of Delhi.
- DD should be made in favor of "Lipid Association of India" payable at Delhi.
- Cash payments are not accepted by Lipid Association of India and Lipid Association of India is not responsible for any cash payments made.

Teams and condition

- Certificate of course completion would be awarded only after payment of full fee and successfully passing the final Exam.
- The course fee of INR 30,000/- (Exclusive of travel and accommodation)
- Lipid Association of India reserves the right to disqualify a candidate for providing false information, submitting improper documents or for misconduct in this course.
- Lipid Association of India reserves the right to revise/change the curriculum, the course structure or course delivery methodology without prior notice.
- Fees once paid will not be refunded. Fee transfer to other person is not entertained under any circumstances.
- Fee can be paid through Cheque/ DD/ Online payment/NEFT (no cash payments will be accepted and Lipid Association of India is not responsible for the cash payments made by the applicant)
- The payment will be refunded if the applicant is not selected for the course by LAI.
- Cheque/ Demand draft to be drawn in favor of "Lipid Association of India" kindly write your name, Address & Phone number on the reverse side of the Cheque/DD.
- NEFT payment to be made to the following account.
- Account Name: Lipid Association of India
- Branch: South Extension Part – II.
- Account No. 10591131002140
- IFSE/NEFT/RTGS Code: ORBC0101059
- Write your name and contact number in the remarking the NEFT payment. In the applications form, mention the transaction number, date of transaction and the bank details clearly.
- The applications form will be processed only after the payment is realized /received by Lipid Association of India
- Candidates shall be eligible to attend Masterclass only after full payment of fee
- Eligible candidate shall be informed about the dates of Master class in advance. Once intimated, it is mandatory for the candidate to attend the Master class.
- In the event candidate is not able to attend the contact program, LAI shall not be held responsible. LAI shall try accommodate such candidates in the contact program for subsequent batch but shall not be liable to do so.
- The course is to be completed in the stipulated duration.
- In the event a candidate does not pass final exam, he/she may be allowed for reattempt only after paying necessary exam fee of INR 10,000 only, with the next batch which shall be intimated.
- All disputes with regard to this course are subject to the jurisdiction of Delhi.
- In case of provisional admission if the candidate is found to be ineligible INR. 1000/- will be deducted as application and processing charge and the rest of the fee will be refunded in 1 month.

Name of the candidate: _____

Date: _____

LAI
Lipid Association of India

ACKNOWLEDGMENT

Received from _____ sum of Rs. _____ by cheque/DD Drawn on _____
Bank name _____ Date _____ To wards _____

Cash payments are not accepted by LAI and LAI is not responsible for any cash payments mode.

For Lipid Association of India