



# ST JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES

DIVISION OF MOLECULAR BIOLOGY & GENETICS

Sarjapur Road, Bengaluru, Karnataka 560034

## APPLICATION FOR CERTIFICATE COURSE in CYTOGENETICS

Passport size  
Photograph

1. Name (Capital letters)	
2. Father's / Spouse (if married) name	
3. Age and Date of Birth	
4. Educational Qualification	
5. Additional Qualification if any	
6. Work Experience	
7. Permanent Address	
8. Contact number	
9. Area of interest	
<b>Documents Attached:</b>	
1. Degree Certificate	Yes / No
2. Additional qualification certificate	Yes / No

I declare that the information given above and documents/certificates submitted along with the application form are true and correct.

Date:

Signature of Candidate

**A. PHYSICAL SUBMISSION:** The completed form along with attachments must be handed over to:

**DR. AMUDHA S – DIVISION OF MOLECULAR BIOLOGY AND GENETICS, 2<sup>nd</sup> FLOOR, ONCOLOGY BLOCK,  
ST JOHN'S MEDICAL COLLEGE HOSPITAL BANGALORE, Ph - 080 22065947**

**B. ONLINE SUBMISSION:** Mail the completed form and scanned copies of attachments to: [hod.genetics@stjohns.in](mailto:hod.genetics@stjohns.in)

**C. Indian Nationals Course Fee: For: Rs: 30000/-One Time payment only after Dean's Approval at Accounts department St John's Medical College Bangalore.**

**D. Foreign Nationals: A course fee of Rs 50,000/-**