



# Symbiosis Centre of Health Care

## Distance Education Programs

Senapati Bapat Road, Pune- 411004

### Program Extension Form

1. Name of the candidate: \_\_\_\_\_
2. Program name: 1. \_\_\_\_\_  
2. \_\_\_\_\_
3. Roll no: 1. \_\_\_\_\_ 2. \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Contact no: \_\_\_\_\_ 6. Email id: \_\_\_\_\_

• **Details of the program extension fees :**

Sr. No	Program	Actual Fees	*Extension Fees Payable	Select amount
1	PGDHHM	24,000	3,600	
2	PGDMLS	16,000	2,400	
3	PGDCR	25,000	3,750	
4	PGDHIM	20,000	3,000	
5	PGDHHM+MLS	30,000	4,500	
6	PGDHHM+CR	37,000	5,550	
7	PGDMLS+PGDCR	31,000	4,650	
8	PGDHIM+PGDMLS	27,000	4,050	
9	PGDHIM+PGDCR	34,000	5,100	
10	PGDHIM+PGDHHM	33,000	4,950	
<b>Total</b>				

**\*15 % of the existing program fees.**

**Payment mode:**

1) Enclose Demand Draft No. \_\_\_\_\_ Bank \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_  
(Kindly draw a D.D.in favour of "Symbiosis Centre of Health Care", payable at Pune)

2) Electronic payment by RTGS/NEFT:

A/C Name Symbiosis Centre of Health Care, A/C no. 60052677905

Bank of Maharashtra, S.B. Road Branch, Pune, IFSC code- MAHB0001261

Please mention UTR/UTN number and attach acknowledgement receipt.

\* You can also make online payment, please visit our website [www.schcpune.org](http://www.schcpune.org)

**Signature of Candidate:**

**Date:**

**Helpline no. - 8888892258/9552588162/9552588192/25667164/02025655023/20255051**

**Email: [info@schcpune.org](mailto:info@schcpune.org) Website: [www.schcpune.org](http://www.schcpune.org)**