



Symbiosis Centre of Health Care

Distance Education Programs

Senapati Bapat Road, Pune- 411004

Request for Purchase of Module

1. Name of the candidate: _____

2. Program Name: 1. _____

2. _____

3. Roll No: 1. _____ 2. _____

4. Address: _____

5. Contact no. _____ 6. Email id: _____

7. Name of Module: _____

Charges: **Rs 450/-** with postage for single module.

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

Signature of candidate:

Date:

Note: Only current batch student can purchase.

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

Email: info@schcpune.org **Website:** www.schcpune.org