



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