



Symbiosis Centre of Health Care

Distance Education Programs

Senapati Bapat Road, Pune- 411004

Post Graduate Diploma in Hospital & Healthcare Management

Request for Log Book

1. Name of the candidate: _____

2. Roll No: _____

3. Address: _____

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

6. Reason for requesting additional log book: _____

Charges with postage **Rs 250/-** each.

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)

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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:

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

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