



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	
Total				

***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

Signature of Candidate:

Date:

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

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