

APPLICATION FORM

**CSIR-CIMAP Training School on Advanced Instrumentation
&
Analytical Techniques for Natural Products
[AIAT-2019]**

(Please attach one page bio data separately)

Name :

Address :

Age/ :

Male/Female :

Phone /Fax :

E-mail :

Qualification & Field of Specialization:

University/Organization :

Participant's Declaration: I shall fully involve myself in the training activities as participant during the whole period.

Date:

Place:

Signature of the participant

Recommendation of supervisor /Head of department (please state the suitability of the candidate to the training and its utility to the organization)

Date:

Place:

Signature & Seal of the
Supervisor/Head of Department