



APPLICATION FORM to participate



NATIONAL WORKSHOP ON GC-MS-based metabolomics CSIR-CIMAP, Lucknow. 16th-18th December 2025

APPLICATION FORM

Name:

Email:

Mobile No:

Address for correspondence:

Give a brief write-up (600 words max) on how this workshop can benefit your ongoing research work

Signature of Applicant

Date

Place

Recommendation of supervisor (Please attach a recommendation letter with Signature & Seal of the Supervisor with this form):

(Signature & Seal of the Supervisor)

Date

Place

Please send this signed document with supervisor reference letter to
ratnasekhar.cimap@csir.res.in

After your application is shortlisted, you will be notified for the registration fee submission

For any details contact: Director, CSIR-CIMAP, Lucknow, Director@cimap.res.in
Dr. Ratnasekhar CH, Senior Scientist, M: 9651879669
ratnasekhar.cimap@csir.res.in