



सीएसआईआर-एकीकृत कौशल विकास
CSIR-Integrated Skill Development Initiative
के अंतर्गत आयोजित आवासीय प्रशिक्षण कार्यक्रम
Residential Training Program



Hands-on Training: Contaminant Analysis in Plant, Soil and Environmental Samples

[24 November – 28 November, 2025]

APPLICATION FORM

Candidate's Name (in capital letters): _____

Address for Correspondence: _____

Date of Birth: _____

Gender (M/F): _____

Mobile No.: _____

Alternate Mobile No.: _____

E-mail id: _____

Educational Qualification: _____

Field of Specialization: _____

University/Organization: _____

Statement of Purpose (around 50-80 words): _____

Training fee submission detail: **Students:** INR 8,000/- ; **Industries/Institution sponsored:** INR 12,000/-

Account No. : 30267691783	
Account holder : Director, CIMAP, Lucknow	
Bank Address : State Bank of India, Main Branch, Hazaratganj, Lucknow	(Draft detail)
Branch Code : 000125	
IFSC code : SBIN0000125	(Online transfer detail)
MICR code : 226002002	

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

Date: _____

(Signature of Applicant)

Place: _____

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

Date: _____

[Signature & Seal of the Supervisor/Head of Department]

Place: _____

Note: Kindly email the dully filled form along with recommendation letter by Research supervisor/Head of Department/ Institution to pujakhare@cimap.res.in or anilksingh@cimap.res.in

Contact Persons: Dr. Puja Khare (8004923033) / Dr. Anil Kumar Singh (9415576114)