



Five Day Training on Liquid Chromatography Techniques

[29 February-06 March, 2020]

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: _____ [Paid by draft]

_____ [Paid by online transfer]

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

(Signature of Applicant)

Date: _____

Place: _____

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

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

Date: _____

Place: _____

Note: Kindly Email the dully filled form along with recommendation letter by Head of Department/ Institution to k.shanker@cimap.res.in with copy to hrd@cimap.res.in **Contact Persons:** Dr. Karuna Shanker (9415329718), Dr. Neerja Tiwari (8447654304)