

Five days training program on “Herbal Drug Development Technologies”

[22 - 26 February, 2021]

Application Form

Candidate's Name (in capital letters):

Address for correspondence:

Date of Birth: Gender (M/F):

Mobile No. Email id:

Educational qualification:

Field of Specialization:.....

University/Organization:

Payment Details (Demand draft/ online transfer):
.....

(Signature of Applicant)

Date & Place:.....

Recommendation of supervisor/Head of the institute

It is certified that the above mentioned information is correct and he/she is a bonafide student of this institute/organization.

(Signature and seal of the supervisor/Head of the Department)

Date & place:

Note: Kindly email the dully filled form along with recommendation letter by Supervisor/Head of the Department to np.yadav@cimap.res.in

Contact Person: Dr. N. P. Yadav (Mob.9451244418)