



# CSIR-Integrated Skill Development Initiative

## Training on

Advanced Instrumentation & Analytical Techniques for Natural Products [AIAT-22]

[16 –20 May 2022]



CSIR Integrated Skill Initiative

### 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:

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

Students: INR 7,500/-  
Faculty/Institution: \_\_\_\_\_  
\_\_\_\_\_ (Draft/ detail)  
\_\_\_\_\_ (Online transfer detail)

**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 Research supervisor/Head of Department/ Institution to [k.shanker@cimap.res.in](mailto:k.shanker@cimap.res.in) or [neerjatiwari@cimap.res.in](mailto:neerjatiwari@cimap.res.in).  
**Contact Persons:** Dr. Karuna Shanker (9415329718) / Dr. Neerja Tiwari (8447654304);