



FIVE DAYS Training on Practical Aspects of Liquid Chromatography Techniques

[08 November -12 November, 2021]

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 7,000/- Residential; INR 3,500/-Online

Industries/Institution sponsored: INR 15,000/- Residential; INR 7,500/-Online)

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

(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 or neerjatiwari@cimap.res.in.

Contact Persons: Dr. Karuna Shanker (9415329718) / Dr. Neerja Tiwari (8447654304);